

I(we) are applying for:
(check all that apply)

MBCA Financial Aid
 Georgia GOAL

Mt. Bethel Christian Academy
4385 Lower Roswell Road
Marietta, GA 30068
770-971-0245
FAX 770-971-3770
www.mtbethelchristian.org

**Supporting Documentation for Financial Assistance
2010-2011 School Year**

Families wishing to apply for financial assistance must complete the required forms at www.nais.org/financialaid/sss. Additionally, please complete and return this form to the Office of Admission by February 12, 2010, and attach a copy of your 2009 income tax return including all schedules and copies of your 2009 W-2s for both you and your spouse.

Parent's Name(s) requesting financial assistance _____

Email for parent contact _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Employer (Father) _____

Employer Address _____

Employer (Mother) _____

Employer Address _____

Applicant(s) reside with: _____

Circle:
Parents Married / Parents Separated / Parents Divorced / Father Deceased / Mother Deceased

Please list the name of all students for whom you are applying for financial assistance:

STUDENT NAME	2010-2011 GRADE	CURRENT SCHOOL For GOAL applicants, must be Preschool or Georgia Public School)

List any other dependent children:

STUDENT NAME	2010-2011 GRADE	School attending, if applicable

We understand that we are authorizing Mt. Bethel Christian Academy to verify any of the information in this assistance application and understand that all information is subject to investigation. We declare that the information represented on this form, to the best of our knowledge and belief, is true, correct, and complete.

Signature of Parent(s) _____

Date _____

