

COMMUNITY CHRISTIAN ACADEMY, 105 PRINCETON BLVD., LOWELL, MA 01851
FINANCIAL AID APPLICATION – CONFIDENTIAL 2022-23

APPLICANT INFORMATION

Name:		Date:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (PLEASE CIRCLE)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (PLEASE CIRCLE)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (PLEASE CIRCLE)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (PLEASE CIRCLE)	Annual income: (REQUIRED)
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (PLEASE CIRCLE)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (PLEASE CIRCLE)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (PLEASE CIRCLE)	Annual income:
Previous employer:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (PLEASE CIRCLE)	Annual income:

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APPLICATION INFORMATION CONTINUED

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY:

Account no.:

Name & Phone:

AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

I authorize Community Christian Academy to verify the information provided on this form as to my credit and employment history.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

NAMES OF CHILDREN / ENTERING WHAT GRADE? (REQUIRED)

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

I CAN VOLUNTEER TIME HELPING THE SCHOOL (CHECK ONE) YES ___ NO ___

My availability is: _____

My abilities are: _____