



East Richland Christian Schools

67888 Friends Church Road
St. Clairsville, OH 43950
Phone (740) 695-2005
Fax (740) 296-5219
ercs@comcast.net
www.eastrichland.org

FINANCIAL AID APPLICATION

Note: Recipients of non-ERCS scholarships are not eligible for financial aid.

We assure you that the information you share with us on this form will be held in the utmost confidence.

Please complete the following general information.

Names of Children	Grade	Names of Children	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Dependents: _____

Parent/Guardian's Name(s): _____

Address: _____

Home Phone: _____

Work Phone (Father :) _____

Work Phone (Mother): _____

Occupation: Father: _____ Employer: _____

Mother: _____ Employer: _____

If unemployed, how long? _____

Do you anticipate being recalled for employment within the next six months? _____

Marital Status: Married: _____ Divorced: _____ Single: _____

How long have your children been at ERCS? _____

Have you been a recipient of financial aid in the past? _____

If so, when? _____

How much? _____

Please itemize your sources and amounts of gross income:

1) _____ \$ _____

2) _____ \$ _____

TOTAL GROSS INCOME: \$ _____

LAST YEAR'S TOTAL: \$ _____

* A copy of your most recent federal income tax report must accompany this application.

(OVER) →



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Unusual Liabilities: _____

* Please attach an explanation of additional extenuating circumstances which should be considered.

Please list your anticipated school fees/charges for the year:

FEES:	Tuition	\$ _____
	Past Due Fees	\$ _____
	Other:	\$ _____
	TOTAL DUE FOR THE YEAR	\$ _____
	AMOUNT OF AID REQUESTED	\$ _____

(This line must be filled out)

We hereby signify that without this financial aid, we could not send our child/children to East Richland Christian Schools and that if the Lord supplies the need after the financial aid is approved, we will notify the school and have the financial aid lowered.

_____	_____	_____	_____
Father Signature	Date	Mother Signature	Date

PLEASE RETURN TO: Administrator
East Richland Christian Schools
67888 Friends Church Road
St. Clairsville, OH 43950

FOR OFFICE USE ONLY

Date Received: _____

Recommendation: _____	Initials: _____	Date: _____
_____	Initials: _____	Date: _____
_____	Initials: _____	Date: _____

Financial Aid Amount: \$ _____ Date: _____

Comments: _____

