



# 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.



Unusual Liabilities: \_\_\_\_\_

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



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Please check the ones that apply.

\_\_\_\_ Our family would like to be considered for the Multi-student Scholarship.

\_\_\_\_ Our family would like to be considered for the Out of State Scholarship.

Please list your anticipated tuition for the year:

Tuition \$ \_\_\_\_\_

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

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_