

HARMONY CHRISTIAN SCHOOL  
1790 ROUTE 211E  
MIDDLETOWN, NY 10941  
(845) 692-5353

FINANCIAL AID APPLICATION FOR THE 2026-2027 SCHOOL YEAR

APPLICANT: Please complete ALL the information requested on this form. You may attach additional information you feel may be helpful. Please type or neatly print your answers.

PARENTS:

Father \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_

CHILDREN NEEDING FINANCIAL ASSISTANCE:

Name	Current School Attending	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DEPENDENTS LIVING WITH YOU:

\_\_\_\_\_

\_\_\_\_\_

REASON FOR FINANCIAL AID REQUEST: List any unusual circumstances that would limit your ability to pay established tuition payments.

SPECIFIC MONTHLY AMOUNT YOU FEEL YOU CAN AFFORD TO PAY \$ \_\_\_\_\_  
(Financial aid is based on a **twelve-month payment plan** unless otherwise noted)

Church where you attend \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Have you requested assistance from your church? \_\_\_\_\_ If not, why not?

If so, what was the response? \_\_\_\_\_

Have you asked family for help? If not, why not? \_\_\_\_\_

If so, what was the response? \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION: Please attach a copy of your 2025 Federal Income Tax Return (or Business Return if self-employed). REQUESTS FOR ASSISTANCE WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION.**

Husband: Describe type of work you do \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Reference Contact Person \_\_\_\_\_

Gross monthly income \_\_\_\_\_

Other income sources \_\_\_\_\_

Wife: Describe type of work you do \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Reference Contact Person \_\_\_\_\_

Gross monthly income \_\_\_\_\_

Other income sources \_\_\_\_\_

**THERE IS A REQUIREMENT OF 15 VOLUNTEER HOURS PER FAMILY OVER THE COURSE OF THE SCHOOL YEAR. BY SIGNING THIS APPLICATION, I/WE AGREE TO AN ADDITIONAL 5 VOLUNTEER HOURS (A TOTAL OF 20 HOURS PER SCHOOL YEAR.)**

**IF YOU FAIL TO FULFILL THE REQUIRED VOLUNTEER HOURS, THEN YOU POTENTIALLY ARE AT RISK OF LOSING YOUR FINANCIAL AID. Please contact the school office for any questions regarding this requirement.**

By accepting financial from HCS, I/we agree to be available to volunteer at the school in the following ways: \_\_\_\_\_

The information on this form is accurate, and I/we give permission for the school board and/or

administrator of Harmony Christian School to contact any references given. I/we understand that any false information given on this form will result in immediate denial of any financial assistance.

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Husband's Signature

Date

Wife's Signature

Date