



Shawnee Mission
Christian School

4901 Mission Road,
Westwood, KS 66205
913 384 4434
smcschool.com

Financial Aid Form

Name of Mother _____ Date of Birth ___/___/___ Cell Phone _____

Home Phone _____

Name of Father _____ Date of Birth ___/___/___ Cell Phone _____

Home Phone _____

Name of Student[s] _____ Date of Birth ___/___/___ Home Phone _____

_____ Date of Birth ___/___/___ Home Phone _____

_____ Date of Birth ___/___/___ Home Phone _____

_____ Date of Birth ___/___/___ Home Phone _____

_____ Date of Birth ___/___/___ Home Phone _____

Address _____

City _____ State _____ Zip _____

Father's Employer _____ Father's Employer _____

Employer Address _____ Employer Address _____

Date of Hire _____ Date of Hire _____

Monthly Income and Source

Monthly Salary [gross]: _____

Public Assistance Benefits: _____

Unemployment Benefits: _____

If yes, benefit amount per week _____

Number of weeks remaining _____

Workman's Comp: _____

Child Support: _____

Other: [Alimony, Rental Income Etc.]: _____

Monthly Income and Source

Monthly Salary [gross]: _____

Public Assistance Benefits: _____

Unemployment Benefits: _____

If yes, benefit amount per week _____

Number of weeks remaining _____

Workman's Comp: _____

Child Support: _____

Other: [Alimony, Rental Income Etc.]: _____

Required Documents

___ Last Year's Federal Tax Returns _____ Copies of unemployment checks for the past 02 months [if applicable]

___ Last 03 bank statements from all active accounts _____ Copies of paystubs for the last 02 months

Signature of Father: _____ Date ___/___/___

Signature of Mother: _____ Date ___/___/___

Shawnee Missions Christian School's use only:

Reviewed by: _____ Date ___/___/___ Reviewed by: _____ Date ___/___/___

Approved for: _____ Date ___/___/___