

**Redemption Christian Academy  
& Post Graduate School**

192 Ninth Street

Troy, New York 12180

Office (518) 272-6679 Fax (518) 270-8039 E-mail Address Info@redemptionchristianacademy.org  
www. redemptionchristianacademy.org

**Application For Financial Aid**

**(Please Type or Print)**

Student's Full Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Grade student will be entering \_\_\_\_\_ Residence: Girl's Dorm \_\_\_\_\_ Boy's Dorm \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from Home Address) \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (Fax) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long on Job? \_\_\_\_\_

\*Salary/Wages per month \_\_\_\_\_ Work Address \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (Fax) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long on Job? \_\_\_\_\_

\*Salary/Wages per month \_\_\_\_\_ Work Address \_\_\_\_\_

Student lives with (check all that apply)

Father  Mother  Step-father  Step-mother  Other (explain)

Explanation: \_\_\_\_\_

Names and date of birth of other dependents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any of the dependents listed above attending a private school or college in which you are responsible for the tuition?

Yes  No

If yes, how much is the amount of your out-of-pocket expenses? \$ \_\_\_\_\_

Are there any other sources of income for this family?  Yes  No

If yes, Where from? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Explain: \_\_\_\_\_

Is someone else other than you contributing to the tuition of this child?  Yes  No

Name of other contributor: \_\_\_\_\_ Amount of Contribution. \$ \_\_\_\_\_

Is the person willing to participate in the fund-raiser program?  Yes  No

Is the student willing to participate in the work/study program?  Yes  No

Is the student applying for an athletic scholarship?  Yes  No

To the best of my knowledge and belief, I affirm that the above information is true, correct and complete.

Signature: \_\_\_\_\_

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

**\*Please attach a copy of last year's W-2,  
Income tax return or other verification of income.**