

COASTAL CHRISTIAN HIGH SCHOOL
709 George Anderson Drive • Wilmington, NC 28412
(910) 395-9995 • admissions@coastalchristian.net

CONFIDENTIAL REQUEST FOR FINANCIAL AID

INSTRUCTIONS: Please complete *ALL* information on this form. Any missing information may result in a delay or loss of financial aid opportunity. Please note that this financial aid can only be applied to tuition. All other fees and remaining tuition are the sole responsibility of the parent/guardian. All applicants will be given equal consideration regardless of race, color, national or ethnic origin.

Parent/Guardian _____ Date of Request _____
(First) (Last)

Student's Name _____ Age _____ Grade _____
(First) (Last)

Circle your answers:

- | | | |
|---|-----|----|
| 1. My child is currently enrolled at CCHS. | Yes | No |
| 2. This is my child's first year at CCHS. | Yes | No |
| 3. We are willing and able to submit all necessary paperwork for FACTS Grant/Aid. | Yes | No |
| 4. At least one parent is gainfully employed full-time. | Yes | No |
| 5. I/we have paid all applicable enrollment fees. | Yes | No |

Statement of intention:

I acknowledge that all information is correct and accurate with no intention to mislead or provide fraudulent information. I also understand that it is my responsibility to submit all applicable information to FACTS Grant/Aid Assessment and to pay any corresponding fees in a timely manner.

Parent/guardian signature _____

Coastal Christian High School admits students of any race, color, national or ethnic origin. It extends to all the rights, privileges, and opportunities for participation in every study and activity generally accorded or made available to the students of the school. Coastal Christian High School does not discriminate on the basis of race, school policies, scholarships, extra curricular activities or any other school administered programs.