SAN FRANCISCO CHRISTIAN SCHOOL

SF Christian School offers a quality Christian education at an extremely competitive rate. We do not receive external funding and are dependent on tuition. Private Christian education requires a commitment to be good stewards of our resources but also a calling to partner with families. As a result, we seek to make Christian education accessible to all families to the best of our ability.

Families who qualify may receive 5% to 25% assistance.

To qualify for financial aid, your family must meet **ALL** the following requirements:

1. No outstanding balance from the previous school year
2. Your child(ren) must maintain at least a 2.0 GPA
3. Your child(ren) must not receive more than 16 infractions per semester
4. Your maximum household income is below the income limits listed below:

Household Size	Maximum Household Income
2	**$77,400**
3	**$87,050**
4	**$96,700**
5	**$104,450**
6	**$112,200**
7	**$119,950**

Household Size includes you and all other family members living at your address for which you claim financial responsibility. The Maximum Household Income includes the total gross income per year of all household members and anyone else financially responsible for the applicant. It is based on the Very Low (50%) Income Limits set by the Department of Housing and Urban Development for the City and County of San Francisco for 2025. For additional information, please visit the HUD database (https://www.huduser.gov/portal/datasets/il/il2025/select_Geography.odn)

To apply, submit the following to the Finance Office:

1. The **Financial Aid Application**
2. A copy of your **2025 Tax Return (Form 1040)**
3. A copy of any **2025 W-2 or 1099 forms**

A financial aid decision will only be made after a complete financial aid application packet is submitted.

The financial aid you receive is determined by our Financial Aid Committee based on household size, total income, and total expenses stated on your financial aid application. This process can take up to one week to complete, and the Finance Office will notify you of the amount awarded. If you have questions, please contact the Finance Office either in person, by phone at (415) 586-1117, or by email at finance@sfchristianschool.org.

San Francisco Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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SF CHRISTIAN SCHOOL

2026-27 Financial Aid Application

Office Use Only
Application: ☐Y ☐N
Tax Return: ☐Y ☐N
Form W-2/1099/Schedule C: ☐Y ☐N
Student(s): ☐New ☐Returning
Current Report Card: ☐Y ☐N
SFCS Payment History: ☐Y ☐N
Total Current Tuition:_____
Prev. decision:_____
Other Scholarship:_____
Notes:_____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name

Address

City *State* *Zip Code*

Phone *E-mail*

Mother/Guardian Name

Address (If different from Father/Guardian address)

City *State* *Zip Code*

Phone *E-mail*

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Other:_____

Child lives with: ☐Mother/Father ☐Mother only ☐Father only ☐Mother/Stepfather ☐Father/Stepmother ☐Guardian

Household Size:_____ # of Adults (18 and over):_____ # of Children (under 18 y/o):_____

CHILDREN APPLYING FOR SFCS FINANCIAL AID

Child's Name *Grade*

Child's Name *Grade*

Child's Name *Grade*

Child's Name *Grade*

MONTHLY INCOME

Father's Employer $_____ *Monthly Gross Income*

Mother's Employer $_____ *Monthly Gross Income*

PLEASE LIST ANY OTHER INCOME YOU RECEIVE ON A MONTHLY BASIS:

_____	$_____	_____	$_____
Type of income	*Amount*	*Type of income*	*Amount*
_____	$_____	_____	$_____
Type of income	*Amount*	*Type of income*	*Amount*

MONTHLY EXPENSES

Rent/Mortgage:	$_____	Utilities (Electric/Gas/Waste):	$_____
Automobile (Loan/Lease):	$_____	Automobile (Insurance, Gas, etc.):	$_____
Health Insurance:	$_____	Food & Groceries:	$_____
Phone:	$_____	Television/Internet:	$_____

PLEASE LIST ANY OTHER EXPENSES YOU INCUR ON A MONTHLY BASIS:

_____	$_____	_____	$_____
Type of expense	*Amount*	*Type of expense*	*Amount*
_____	$_____	_____	$_____
Type of expense	*Amount*	*Type of expense*	*Amount*

ARE YOU BEHIND ON ANY MONTHLY PAYMENTS? ☐**Yes** ☐**No**

If yes, please explain. _____

***Add a separate sheet for any additional information you would like to include.**

FINANCIAL AID AGREEMENT

BY SIGNING AND SUBMITTING THE FINANCIAL AID APPLICATION, YOU HEREBY CERTIFY THAT:

- I certify that I have submitted all required financial documents, that no information relevant to my financial situation has been withheld, and that all information provided on this application is true and correct to the best of my knowledge.
- I understand receiving financial aid is subject to the following minimum requirements: have no outstanding balance from the previous school year, my child(ren) must maintain a 2.0 GPA, my child(ren) must not receive more than 16 infractions per semester, and my maximum household income is below the income limits stated on the front letter.

_____ _____

Signature *Date*

Office Use Only

Financial Aid Decision: _____

_____