



# SAN FRANCISCO CHRISTIAN SCHOOL

SF Christian School offers a quality education at an extremely competitive rate. We do not receive external funding and are dependent on tuition. Private education requires a commitment and often a financial sacrifice on the part of our families, but circumstances still may hinder families from being able to afford SFCS. As a result, we are happy to offer need-based financial aid.

## **Most qualifying families receive 10%–25% off tuition.**

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](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**

**All financial aid applications are due by APRIL 15, 2026. Any applications received after this date will be placed on a waitlist.**

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

Financial aid applications will be accepted on a first-come, first-served basis. Applications submitted after April 15 will be put on a waitlist and will be awarded if funds become available.

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](mailto:finance@sfchristianschool.org). **SFCS financial aid cannot be combined with SFCS clergy, military, and alumni scholarships.**

*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

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (If different from Father/Guardian address)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone E-mail

\_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_