



CCS Financial Aid Application

Thank you for your interest in financial aid. Upon completion of the form below, the school administrator will contact you to walk you through the process and to set up a Financial Aid Meeting after the initial receipt of your application.

Name of Student(s): _____

Name of Parent(s): _____

By signing below, I commit to paying the \$35.00 processing fee through FACTS to analyze my financial information to determine my eligibility for financial aid at CCS. Upon submitting my information, I agree to meet with the school administrator to determine an appropriate financial agreement to attend CCS.

Parent Signature Date

Things To Do:

- Turn in my initial application by **April 28th of the current school year**
- Set-up account through FACTS (find the link on our website under the Admissions tab)
- Submit required financial information to FACTS electronically
- Set-up Financial Aid Meeting with the school administrator to be held before **May 15th of the current school year**

Do you have questions about Financial Aid? Please contact the school office with questions at 419-935-3633, email bush@celeryville.org or check us out on the web at www.celeryville.org.

FOR OFFICE USE ONLY:	
Date Received Application: _____	Amount Awarded: _____
Date FACTS Info Received: _____	Outstanding tuition agreed to be paid
Date of Financial Aid Meeting: _____	through FACTS: _____