TO APPLY FOR NEED-BASED AID, COMPLETE THE 2009-10 FAFSA (Free Application for Federal Student Aid).
Additional circumstances, which may affect your aid, can be reported on this application.

PERSONAL INFORMATION

Last Name  First Name  Middle Initial  Maiden Name
Street Address  City  State/Province  Zip/Postal Code
Phone  E-mail  Social Security/Social Insurance #
Status:  □ New Freshman  □ Transfer Student  □ Adult Studies Student  □ Returning Trinity Student

REQUEST FOR SPECIAL CIRCUMSTANCES (Please complete only the sections that apply to you.)

2009-10 K-12 PRIVATE SCHOOL TUITION FOR SIBLINGS OR CHILDREN

<table>
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<tr>
<th>Student Name</th>
<th>Grade Level for 2009-10</th>
<th>Name of School</th>
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Total amount of 2009-10 private school tuition family will pay directly to the school for all children grades K-12:  $ ______________________________

Do not include tuition payments made to your church.

EXCESSIVE MEDICAL/DENTAL EXPENSES:
An allowance for medical/dental expenses is already built into the financial aid formula. Answer the following question only if your family expenses exceed five percent of parental 2008 income. If dependent, answer only if expenses exceed five percent of personal (and spousal, if you are married) income.

Total amount of family medical/dental expenses NOT COVERED BY INSURANCE in 2008:  $ ______________________________

YOU MUST ATTACH DOCUMENTATION (i.e. itemized deductions from federal 1040 tax form)

REDUCTION OF INCOME OR LOSS OF JOB (COMPLETE ONLY IF APPLICABLE):

Dependent Students:

Estimate of 2009 father's income  $ ______________________________

Estimate of 2009 mother's income  $ ______________________________

Estimate of 2009 Adjusted Gross Income  $ ______________________________

Independent Students:

Estimate of 2009 student's income  $ ______________________________

Estimate of 2009 spouse's income  $ ______________________________

Estimate of 2009 Adjusted Gross Income  $ ______________________________

YOU MUST ATTACH DOCUMENTATION (e.g.: statement from employer, three recent pay stubs) and give detailed explanation on the back page if you want your reduction of income to be considered.
CERTIFICATION STATEMENTS

CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT
I certify that I do not owe a refund on any grant or loan, am not in default on any loan, or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

STATEMENT OF EDUCATIONAL PURPOSE
I will use all Title IV money received only for expenses related to my study at Trinity Christian College.

STATEMENT OF HONESTY
I certify that all information presented on this form is true and complete, to the best of my knowledge.

________________________________________
Student Signature                          Date

________________________________________
Parent Signature                           Date

PLEASE MAIL THIS APPLICATION TO:
FINANCIAL AID OFFICE
TRINITY CHRISTIAN COLLEGE
6601 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL 60463