ACSI CHILDREN'S TUITION FUND
Checklist for Family Applications
(*To be completed by the school and kept on file for each applicant*)
2015–2016

Name _____

School _____

Grade entering _____ Household size _____

____ Reapplication Year # _____ _____ New seat

VA Resident Yes No

Name of school district in which family resides: _____

District Scholarship Limit: $_____

If a new seat, is the student in a Christian school for the first time or entering Kindergarten/First Grade? Yes No

Income tax return or notarized statement of income included Yes No

Total 2014 Household Income $_____ = $_____ x 3 = $ _____
Poverty Guideline Income Limit

Completed financial assistance process Yes No
If no, reason not complete:

_____

Approved for scholarship by _____ Ineligible _____

Date approved _____

Please note: The school is to keep a copy of this form on file with each family application.