

Parent Name \_\_\_\_\_  
 Grade Child Entering \_\_\_\_\_  
 Date Received \_\_\_\_\_

## Faith Christian Academy

### *Tuition Assistance Checklist*

The following documents/schedules must be provided in order for your tuition assistance request to be considered. Failure to provide these items constitutes a withdrawal of your application.

1) _____	Tuition Assistance Application
2) _____	Parent's Tax Return (1040, 1040A, 1040EZ) complete with all forms and schedules AND signed by both parents
3) _____	Parent's W2 Forms
4) _____	If one or both parents are self-employed through a C corporation or S corporation, provide a signed copy of the C-Corp or S-Corp return
5) _____	Monthly Income and Expense Worksheet fully completed AND signed by both parents
6) _____	Schedule A – Debt Schedule
7) _____	Schedule B – Financial Need

# Faith Christian Academy

## *Tuition Assistance Application*

*For Academic Year* \_\_\_\_\_ - \_\_\_\_\_

### Parent Information

Father's Name		Mother's Name	
Address:		Address:	
Employer		Employer	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

### Children

Names	Current Grade	Current School

Explain the reason for requesting tuition assistance (attach additional pages if needed)

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Faith Christian Academy  
Tuition Assistance Application  
Schedule A

**DEBT SCHEDULE**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Name of Children: \_\_\_\_\_

Creditors	Amount Owed	Number of Payments Remaining	Monthly Payment
<b>Credit Cards:</b>			
1.			
2.			
3.			
4.			
<b>Mortgages:</b>			
1.			
2.			
<b>Other Loans:</b>			
1.			
2.			
3.			
4.			
<b>Other Debts:</b>			
1.			
2.			
3.			
4.			

**Faith Christian Academy  
Schedule B  
FINANCIAL NEEDS**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Name of Children: \_\_\_\_\_

1. How much tuition can you pay each Month? \$ \_\_\_\_\_

2. Do you need assistance for the whole year: Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how many months? \_\_\_\_\_

3. Are there any extraordinary circumstances which cause you to need this tuition assistance other than those listed on Page (1)?  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you currently behind on any bills? \_\_\_\_\_ If so, how much? \_\_\_\_\_

5. After filling out the Monthly Income & Expense worksheet, do you feel that tuition assistance from the school is the only means of paying the tuition that is due?  
Yes \_\_\_\_\_ No \_\_\_\_\_

6. If not, could any expense be reduced to allow more flexibility to pay tuition?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when could this be done? \_\_\_\_\_

7. Are medical expenses creating financial pressure? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does any other area create financial pressure? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_