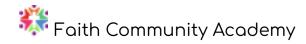
# TUITION ASSISTANCE APPLICATION 2024-2025



PERSONAL INFORMATION Full Name of Student:	
Desired Schedule: (check one)	
□ 3 year old	
4 year old	
Kindergarten	
Elementary Part Time	
Full Time	-
Full Name of Student: Desired Schedule: (check one)	
2 year old	
□ 3 year old	
4 year old	
Kindergarten	
Elementary Part Time	
Full Time	-
Full Name of Student: Desired Schedule: (check one) 2 year old	
□ 3 year old	
4 year old	
Kindergarten	
Elementary □ Part Time	

🗌 Full Time \_\_\_\_\_

# APPLICANT/CO-APPLICANT DECLARATION

Full Name of Applicant:	
Phone Number:	_Email:
Address:	
Applicant Occupation:	
Employer:	
Full Name of Co- Applicant:	
Phone Number:	_Email:
Address:	Cc
-Applicant Occupation:	
Employer:	

# Number of people in the household: Adults:\_\_\_\_\_ Children:\_\_\_\_\_

Name	Age/Relationship to Applicant
	Self

Marital Status: (check one)

Religious Affiliation:\_\_\_\_\_

Affiliated Church:\_\_\_\_\_

## GENERAL FINANCIAL INFORMATION

\*To verify income please attach to this application copies of your current year form 1040 tax return and other supporting proof of income. Married couples filing separately must attach both forms. If you would like a free copy of your 1040, please call the Internal Revenue Services at 1-800-829-1040.

Income Source	Applicant (A)	Co-Applicant (B)	Total
Adjusted Gross Income reported on current 1040			

### ADDITIONAL REQUIRED DOCUMENTS

1. A typed or legibly written letter indicating the need of financial assistance.

- This would include any other reasons or circumstances that you feel increase your qualification and/or need for financial assistance. (e.g. - family circumstances, ministry or other responsibilities; etc.).

- 2. Front page of most recent tax return
- If applicants do not have most current tax returns, last year's W2 will suffice.

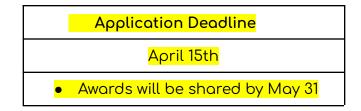


I certify that all the information I have provided on this form and all supplementary forms are true, correct, and complete. I hereby authorize the FCA Tuition Assistance Committee, or its representatives to obtain such additional information concerning my child's educational program and my financial records needed to complete processing of this application.

If at any time the committee finds that this information has been falsified, or used for personal gains, applicant and/or applicants could be held liable for repayment of reward/aid received.

Applicant'sFullName:	
Signature:	Date:
Co–Applicant'sFullName	
Signature:	Date:

Deadlines should be adhered to strictly. Application deadlines are as follows:



\*\*Upon completing this application, please submit these forms and additional paperwork to either Tammy Hynson, the Preschool Director or the Elementary Director.

Office use only

\_\_\_\_\_

Financial Aid Awarded