

TUITION ASSISTANCE APPLICATION 2026-2027



Faith Community Academy

PERSONAL INFORMATION

Full Name of Student:_____

Desired Schedule: (check one)

☐ 2 year old_____

☐ 3 year old_____

☐ 4 year old_____

☐ Kindergarten_____

☐ Elementary _____

Full Name of Student:_____

Desired Schedule: (check one)

☐ 2 year old_____

☐ 3 year old_____

☐ 4 year old_____

☐ Kindergarten_____

☐ Elementary _____

Full Name of Student:_____

Desired Schedule: (check one)

☐ 2 year old_____

☐ 3 year old_____

☐ 4 year old_____

☐ Kindergarten_____

☐ Elementary _____

APPLICANT/CO-APPLICANT DECLARATION

Full Name of Applicant: _____

Phone Number:_____ Email:_____

Address: _____

Applicant Occupation:_____

Employer: _____

Full Name of Co-Applicant:_____

Phone Number:_____ Email:_____

Address: _____ Co

-Applicant Occupation:_____

Employer: _____

Number of people in the household: Adults:_____ Children:_____

[illegible]

Marital Status: (check one)

☐ Single ☐ Married ☐ Divorced ☐ Widowed

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.



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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:

Application Deadline
April 15th
• Awards will be shared by May 31

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

Office use only

Financial Aid Awarded _____