TUITION ASSISTANCE APPLICATION FORM

PARENT(S) NAME _____

STUDENT(S) NAME _____

PHONE # _____

To be considered for Financial Aid, <u>you must submit a new form for each year and attach a copy of all necessary tax documents listed below</u>. Grants are determined and awarded each year by a financial review process that uses an objective set of guidelines to determine eligibility factors. Awards will be determined within a month of receiving an application form and all necessary documentation.

Please note the required tax year documentation.
1. Detailed copies of all pages and Schedules of last year's Federal Income Tax Return Form 1040, 1040A or 1040EZ
2. Copies of all **current** W-2 Wage and Tax Statement Forms.
(Please make sure all documentation is copied on regular 8 ½ x 11 paper).
3. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B**.**

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

** ALL INFORMATION IS STRICTLY CONFIDENTIAL. ANY INFORMATION PROVIDED IS SIMPLY USED IN AN EFFORT TO FAIRLY DETERMINE WHAT AMOUNT IF ANY YOU QUALIFY FOR. <u>ANY SHARING OF</u>, <u>OR RELEASE OF AID RECEIVED WITH OTHER FAMILIES WILL JEOPARDIZE FUTURE FINANCIAL ASSISTANCE.</u>

A. PARENT, GUARDIAN or OTHER ADULT RESPONSIBLE FOR TUITION

Check one: ⚥ Father ⚥ Mother ⚥ Stepfather ⚥ Stepmother ⚥ Other Adult

If Other Adult Please Specify: _____

B. PARENT, GUARDIAN or OTHER ADULT RESIDING WITH PARENT A

Check one: ⚥ Father ⚥ Mother ⚥ Stepfather ⚥ Stepmother ⚥ Other Adult

If Other Adult Please Specify: _____

C. DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall. _____

Name of school student(s) planning to enter in the fall. (PLEASE DO NOT ABBREVIATE) _____

Please list all dependent children in order of oldest to youngest, including college students.

	Dependent Last Name	Dependent First Name	Age	Grade in the Fall 2023	Applying for Aid Yes/No	Amount I/We feel I/We can pay toward tuition	Tuition charged yearly per student
1							
2							
3							
4							
5							

⚥ **Please check if additional dependents are listed on a separate sheet.** ___

D. Parent Asset Information

Current value of cash, checking, savings

$_____

Family Residence: Owned _____ Rented _____
Monthly Payment _____

E. UNUSUAL CIRCUMSTANCES (Circle all that apply to your situation)

a. Loss of job

b. Recent separation/divorce

c. Change in family living status

d. Change in work status

e. Bankruptcy

f. College expenses

g. Income reduction

h. Illness or injury

i. Death in the family

j. Shared custody

k. High debt

l. Child support reduction

m. Medical/Dental expenses

n. Shared tuition

o. Other (Explain in Section F)

F. **EXPLANATIONS** (Use this space to explain any answers which may need clarification)

WHAT IS NEEDED TO PROCESS THIS APPLICATION
(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE)

1. **This application form filled out in its entirety, SIGNED AND DATED BELOW by the Parent or Guardian listed in Sections A and B.**
2. **Detailed copies of all pages and Schedules of last year's Federal Income Tax Return Form 1040, 1040A or 1040E, and W-2 FORMS.**
3. **If you have not yet filed a current IRS FORM 1040. Then your most recent Form 1040, 1040A or 1040E. And most recent W-2 FORMS.**

SIGN HERE

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. We understand that sharing any aid we receive with other families will not only jeopardize future financial assistance for others, but for us as well. I/we authorize Grace Baptist Academy to use such forms **ONLY** in determining Financial Aid.

Parent/Guardian A: _____Date: _____

Parent/Guardian B: _____ Date: _____