



**FAITH ACADEMY
TUITION ASSISTANCE PROGRAM**

PO BOX 4824, 2002 MOCKINGBIRD LANE, VICTORIA, TEXAS 77903
OFFICE (361) 573-2484, EXT 50 FAX (361) 573-5058

FAMILY NAME _____

FAITH ACADEMY	OFFICE USE ONLY
Date Received _____	
Income Tax Form _____	
W-2 Forms _____	
Total Assistance Approved/Denied _____	

THE FAITH ACADEMY TUITION ASSISTANCE PROGRAM is available for K3 through 12th grades, based on need. The Tuition Assistance Program Committee determines how funds are issued based on financial need obtained from the information on the application. Applications for assistance must be re-submitted each academic year.

Faith Academy endeavors to provide a quality Christian educational program that develops the whole person so that students may DISCOVER who God is, His purpose, His plans, and His promises; DEVELOP a Biblical worldview, Christ-like character, and essential knowledge and skills; and DEPLOY their gifts and talents for Christian witness and service all for the glory of God.

Faith Academy strives to be compassionate, generous, and good stewards of the limited resources entrusted to the school. Christian education is both a sacrifice and an investment made by ALL families. Before applying for assistance, we ask families to examine carefully their monthly expenses to determine areas that can be modified (i.e. cable, cell phone plans, car, extra-curricular activities such as select ball, dance, gymnastics, etc.).

Recipients of tuition assistance are expected to:

- ✓ Be on rotating schedule to transition classrooms from church to school use after church service on Sunday (12:45pm). This volunteer service helps keep our overhead costs and tuition down by not having to pay individuals to do this task.
- ✓ pay book and registration fees in full
- ✓ have all outstanding balances paid in full
- ✓ maintain an overall average of 80 for each academic quarter
- ✓ meet the behavioral and attendance requirements of Faith Academy

Tuition Assistance may be revoked at any time if the above expectations are not met.

READ ALL PARTS CAREFULLY _____

1. A complete application must contain:
 - a. Application
 - b. Parents' Federal Income Tax 1040 Form (complete with all schedules and W-2 forms)

Items must be returned as a complete packet to the school office in the envelope provided by May

1st ⁵⁹ IT IS ESSENTIAL THAT THE APPLICATION BE IN BY THE DEADLINE, MAY 1 The Tuition Assistance Program committee reviews all applications at the designated time and available funds are then allocated to applicants at this time.

3. Applications received after this date will be reviewed throughout the school year based upon available funds.

ALL INFORMATION CONTAINED IN ALL PARTS OF THE APPLICATION IS TREATED WITH THE UTMOST CONFIDENTIALITY. PLEASE ANSWER ALL QUESTIONS FULLY. FAILURE TO PROVIDE TAX FORMS AS SPECIFIED OR INSUFFICIENT INFORMATION WILL BE CAUSE TO WITHHOLD CONSIDERATION OF YOUR APPLICATION. ADDITIONAL INFORMATION THAT MAY BE HELPFUL TO THE COMMITTEE IN MAKING A DECISION IS WELCOME.



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CONFIDENTIAL INFORMATION FOR TUITION ASSISTANCE

It is important that you provide accurate and complete information. Your application will be considered only if all questions have been answered. Please attach a copy of the most recent Federal Income Tax Form 1040 complete with all schedules as specified and W-2 forms from all employers for any wage-earning parent or guardian residing with the applicant. If you have not yet filed your current year tax return, please enclose signed copies of the previous years Federal Income Tax Form 1040 complete with copies of all schedules as specified; you should still submit copies of all current W-2 forms. ***Any Application without a copy of the specified tax forms will not be considered.

A. STUDENTS AT TUITION-CHARGING SCHOOLS

How many children will attend a tuition charging school or college in the fall of the current year? _____

Please list below each of those students, their grades and the name of the school(s) they wish to attend next fall. Please remember to list the applicant(s) and their grade for the fall of the current year.

Please list applicants first. Please check if additional students are attached.

** PLEASE NOTE: If you answer "OTHER" to any question, please provide an explanation in Section J.*

Student Last Name	Student First Name	M.I.	Grade Next Year	Name of School City, State	Amt. we can pay toward tuition	Tuition Charged per student	OFFICE USE ONLY

B. PARENT OR GUARDIAN

Select Parent #1:

Father Mother Stepfather Stepmother Other

Last Name First Name MI

Social Security Number Age E-mail Address

Address (Area Code) Phone Number

City State Zip

Occupation/Title/Rank (Area Code) Phone Number

Employed by/ self-employed (if self-employed complete Section L) How Long?

May we contact you at work if there are any questions? Yes No

Select Parent #2:

Father Mother Stepfather Stepmother Other

Last Name First Name MI

Social Security Number Age E-mail Address

Address (Area Code) Phone Number

City State Zip

Occupation/Title/Rank (Area Code) Phone Number

Employed by/ self-employed (if self-employed complete Section L) How Long?

May we contact you at work if there are any questions? Yes No



FAMILY NAME _____

C. FAMILY INFORMATION

- Number of family members who will reside in my/our household during the next school year:
 Parents _____ Children _____ Other _____
- Current Marital Status of Parent in Section B (check one).
 Single Married Widowed Divorced Divorced/remarried Separated Other
- Name of church you attend: _____ Phone Number _____
 Senior Pastor _____
 Are you biblically giving and serving at your local church? Yes No
 Why or why not? _____
 What areas? _____

D. DIVORCED OR SEPARATED PARENTS (*Non-Custodial Parent's Information*)

- Date of Divorce or Separation (MM/YY) _____
- Name of parents _____
- According to court order, when will child support end? (MM/YY) _____
- Total Amount of Child support received per year by parent listed in Section B \$ _____ .00
- Total amount of child support paid per year by parent listed in Section B \$ _____ .00
- Is there any agreement specifying a contribution for student's education? Yes No
 If YES, how much per year? \$ _____ .00
- Who claimed student as a tax dependent? _____
- Do special circumstance "exist?" Yes No *If YES, complete Section J.*

E. PARENTS TAXABLE INCOME

YOU MUST INCLUDE THE FOLLOWING DOCUMENTATION FOR YOUR APPLICATION TO BE COMPLETED:

If you file an income tax return.

- ____ A complete photocopy of your current IRS Form 1040, 1040A or 1040EZ.
- ____ Photocopies of all current W2 forms and/or 1099 forms from all employers for any wage earning parent residing with the applicant.
- ____ If you have not filed your current 1040 form, enclose your previous years 1040 and your current W2 and/or forms as described above.

If you do not file an income tax return (check all that apply).

- ____ Social Services Grant letter
- ____ Food Stamps Grant letter
- ____ Social Security Benefits Statement

F. NON-TAXABLE INCOME

List the total received for all of last year (not monthly amounts)

1. Child Support	\$ _____ .00
2. Welfare (AFDC/ADS)	\$ _____ .00
3. Food Stamps	\$ _____ .00
4. Social Security/SSI	\$ _____ .00
5. Other non-taxable income	\$ _____ .00
6. Total non-taxable income (last year)	\$ _____ .00

G. AUTOMOBILE INFORMATION

\$ _____
Year Model Mo. Payment Final Payment Date
\$ _____
Year Model Mo. Payment Final Payment Date

H. HOUSING INFORMATION

- Do you rent or own your residence? RENT OWN
 - If RENTING, what is your monthly payment? \$ _____ .00
 - If you OWN (or in process of buying), monthly mortgage is \$ _____ .00
 - What was the year of purchase? _____
 - What is it worth today? \$ _____
 - How much do you still owe? \$ _____



FAMILY NAME _____

I. ASSETS AND INVESTMENTS

1. Total amount in cash, checking and savings accounts \$ _____ .00
 2. Total value of money market funds, mutual funds, stocks, bonds or other securities \$ _____ .00
 3. Total value of IRA, Keogh, CD's and 401K \$ _____ .00
 4. If you own investment real estate (not your primary residence) *Schedule E documentation required*
 a. What was the original cost? \$ _____ .00
 b. What is the current market value? \$ _____ .00
 c. What is the amount still owed? \$ _____ .00
 5. Do you own a business or farm? Yes* No
 a. What is the value of your business/farm? \$ _____ .00
 b. What is the amount you still owe? \$ _____ .00

* If you answer YES, please complete Section K Business Income

J. EXPLAIN UNUSUAL CIRCUMSTANCES HERE (USE ADDITIONAL SHEETS IF NECESSARY)

Please state present circumstances that create a need to Tuition Assistance.

Do you and your son/daughter agree to help with or contribute to school or activity fundraiser? YES NO

K. BUSINESS INCOME

Please enclose the following if you own a business or farm:

1. Copies of the last three (3) years of tax returns or
2. Copies of your Business Financial Statement for the last three (3) years.

L. HOW MUCH OF THE TUITION ARE YOU ABLE TO PAY? (REQUIRED)

Refer to Information Sheet included in your Registration Packet (Books & Registration Fees are non-refundable and must be paid in full).

TOTAL TUITION \$ _____

REQUESTED TUITION ASSISTANCE FROM FAITH ACADEMY \$ _____

PARENT SIGNATURES

We have checked this form for omissions and errors and to the best of our knowledge, the information is complete and correct. Parents' Federal Income Tax 1040 Form (complete with all schedules and W-2 forms) is attached.

Father's Signature _____

Mother's Signature _____

Date _____

FOR OFFICE USE ONLY

TOTAL TUITION ASSISTANCE APPROVED FOR \$ _____ DATE APPROVED _____

WILL DRAFT FOR: 10-months 11-months 12-months

APPROVAL BY: _____

Financial Committee Member Signature

Superintendent Signature

FAITH ACADEMY



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MONTHLY INCOME AND EXPENSE SHEET

Student Name _____

Today's Date _____

INCOME (before taxes):

Father	
Mother	
Other (ie Child Support, Alimony, Social Security, etc)	
Other	
TOTAL MONTHLY INCOME	\$

EXPENSE:

House payment/rent	
Car Payment	
Credit Card payments	
Groceries	
Transportation (gasoline)	
Tuition (without assistance)	
Sub-total	

UTILITIES:

Electric	
Gas	
Water	
Phone/Cell Phone	
Cable	
Sub-total	

OTHER EXPENSES:

Medical Bills (including prescriptions)	
Car Insurance	
Daycare	
Savings	
Tithe/offering	
Other monthly payments	
Sub-total	



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TOTAL MONTHLY EXPENSE \$

Notice of Nondiscriminatory Policy

Faith Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.