

Beverly Heights Christian Preschool and Academy Family Application for Financial Assistance



Registration Information:

Parent/Guardian's Name: _____
First Name Middle Initial or Name Last Name

Parent/Guardian's Name: _____
First Name Middle Initial or Name Last Name

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____

Please list below all children applying for financial aid. Children three years of age and older and enrolled in Beverly Heights Christian Academy or Preschool are eligible.

	Child 1	Child 2	Child 3	Child 4	Child 5
Name					
Date of Birth					
Gender					
Relation to Guardian					
School Attended Last Year					
Grade Level Last Year					

Conditions of Eligibility:

Household size (sum of adults and children as reported on the **Financial Information Form**): _____

Total household income (Please see **Financial Information Form** to determine income): \$ _____

(Please put a check in the box to the left of each statement to indicate the statement is true. **An affirmative answer to all the following questions is required for financial aid eligibility**).

- I promise to pay my child's school account in a timely and responsible manner. I understand that failure to stay current with tuition payment will result in loss of financial aid funds.
- I certify that the above student(s) is entering a Beverly Heights Christian Academy or Preschool class in the fall of the upcoming school year.
- I promise to ensure at least 90% attendance of my child(ren) or risk the loss of my financial aid.

I understand that all the above conditions must be met by my child/family to be eligible for financial aid. I agree to release Beverly Heights Church from any liability in its efforts to provide this financial aid. I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true, and I acknowledge that failure to do so will invalidate the financial aid. I acknowledge that financial aid will only affect future tuition payments and will not be applied retroactively.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Financial Information Section

All parents and/or guardians who claim financial aid recipients as dependents must report income on the form with supporting documentation.

This application will not be accepted without a copy of your last Federal Income Tax Return.

Head of Household Name: _____
First Name Middle Initial or Name Last Name

Number of people in household: Adults _____ Children _____

INCOME SOURCE	FATHER	MOTHER	OTHER	
Adjusted Gross Income Reported on Current 1040***				Total Household Income (Sum of Row)
AFDC or ADC				
Other Public Assistance				
Any Other Additional Income				
Total Individual Income (sum of each column)				

*****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 visit irs.gov or call the Internal Revenue Service at 1-800-829-1040.

COMPLETE THIS SECTION ONLY IF YOU DO NOT FILE A 1040:

(Parents/guardians using a notary must also provide supporting financial information.)

I certify that this applicant has provided me or this notary service with adequate proof of income and that to my knowledge the financial information provided on this form is true and complete.

Notary Signature

Date

Notary Name Printed

Space for Notary Stamp