

New Hope Christian Academy

Application For Academic Assistance 2009-2010

Family Last Name _____ Home Phone _____

Home Address _____

City _____ St. _____ Zip _____

Mailing Address (if different) _____

Father's First Name _____

Mother's First Name _____

Father's Social Security _____

Mother's Social Security _____

Father's Work Place _____

Mother's Work Place _____

Father's Work Phone _____ ext. _____

Mother's Work Phone _____ ext. _____

Family Church Home _____

Pastor's Name _____

Names of children enrolling in New Hope Christian Academy, their tuition amount and amount of scholarship per student you are asking.

Name	Age	Grade Level (2009-2010)	Tuition	Scholarship Amount
_____	___	___	_____	_____
_____	___	___	_____	_____
_____	___	___	_____	_____
_____	___	___	_____	_____
Total			_____	_____

1. Do you, as parents, tithe to your church on a regular basis? _____

2. Define "regular basis" in the question above. _____

3a. Do you teach tithing to your children? _____ 3b. Do they tithe? _____ 3c. From their own monies? _____

Please state your church attendance philosophy: (how often, the importance of attendance, do you do more than attend)

Total Family Income per Month \$ _____

Total Family Expenses per Month \$ _____

If Expenses exceed Income please explain:

(OVER)

Tuition Assistance is a limited quantity assistance feature that New Hope Christian Academy is able to provide. Therefore, tuition assistance can only be given to those in the most need.

Please state why you are applying for assistance:

Would you be willing and/or available to work in and around the school (cleaning, doing yard work, etc.) to offset part of the tuition payment in lieu of monetary assistance?

Yes ____ No ____

If yes please state what days you would be available and what times:

Other Comments:

The above statements are true and correct:

Signature of Father/Guardian

Signature of Mother/Guardian

Date: _____

.....
Office Use Only

Date Received: _____ **Action taken:**