



**CORNERSTONE CHRISTIAN ACADEMY**  
**Student Assistance Application**  
**2019-2020**

For Office Use Only: Date received: _____ Fee received: _____ Taxes received: _____ Decision made: _____ Award: _____ Letter sent: _____
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\*Current families MUST submit this application along with a \$25 application fee by April 15, 2019 for consideration for the 2019-2020 school year.  
\*\*2018 Federal Income Tax Return MUST accompany this application.

Family Last Name \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle Date of Birth Grade for Fall

Student's Name \_\_\_\_\_  
Last First Middle Date of Birth Grade for Fall

Student's Name \_\_\_\_\_  
Last First Middle Date of Birth Grade for Fall

Student's Name \_\_\_\_\_  
Last First Middle Date of Birth Grade for Fall

Student's Name \_\_\_\_\_  
Last First Middle Date of Birth Grade for Fall

Other Dependents

Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_

**Father**

**Mother**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/Zip \_\_\_\_\_

City/Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Primary Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

**Student lives with:** Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Grandparents \_\_\_\_ Guardian \_\_\_\_

**Responsible for Tuition:** Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ \*Other \_\_\_\_

\*If other, please complete the following information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

(OVER)

**Church Information**

**Member**

Father _____	_____	_____
Church attending	Denomination	Yes/No
Mother _____	_____	_____
Church attending	Denomination	Yes/No
Student(s) _____	_____	_____
Church attending	Denomination	Yes/No

**Financial Information**

Sources of Annual Income

Employment (Net)	_____	
Investment	_____	
Rental Property	_____	
Gifts	_____	
Child Support	_____	
Other	_____	Amount of tuition assistance Available from other sources (family, church, etc.)
Total Family Income	_____	_____

Please choose one.

- I have attached my 2018 tax return.       I have filed for an extension on my 2018 taxes.

Total tuition you are requesting to pay (for all children) \_\_\_\_\_

Special Family Circumstances

CCA desires to fairly allocate the resources available to families that need financial assistance. If you are experiencing special circumstances that are placing a financial burden on your family, please describe those circumstances and the extent of the burden in the space below.

It is understood that tuition assistance funds are not readily available and are granted on an annual basis only. By signing below, you agree to support the mission of CCA and fulfill all financial obligations on time as well as communicate any significant changes in your financial situation with our Student Accounts Office.

**Both parents must sign (if applicable)**

_____	_____	_____	_____
Parent/Guardian	Date	Parent/Guardian	Date

Cornerstone Christian Academy admits students of either biological sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of 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.