



**MOUNT SINAI
CHRISTIAN ACADEMY**

TUITION ASSISTANCE APPLICATION

APPLICATION FOR SCHOOL YEAR _____ - _____

PARENT'S/GUARDIAN'S NAME (LAST/FIRST) _____ **RELATIONSHIP TO STUDENT**
 MOTHER FATHER OTHER -
 EXPLAIN: _____

ADDRESS _____ **CITY** _____ **ZIP CODE** _____

STUDENT NAME (LAST, FIRST) _____ **DATE OF BIRTH (MM/DD/YYYY)** _____

NEW STUDENT START DATE: _____/_____/_____ PRESCHOOL PRE-K KINDERGARTEN SCHOOL-AGE
 RETURNING STUDENT INITIAL ENROLLMENT DATE AT MSCA: _____/_____/_____

DO YOU HOLD MEMBERSHIP WITH MT. SINAI MISSIONARY BAPTIST CHURCH? YES NO

DO YOU HAVE ANY OTHER CHILDREN ATTENDING MSCA? YES NO
 IF YES, HOW MANY? _____ HOW LONG? _____

HAVE YOU RECEIVED SCHOLARSHIPS PREVIOUSLY? YES NO
 HOW MUCH? _____ HOW MANY TIMES? _____

DO YOU HAVE OTHER SOURCES OF TUITION ASSISTANCE? YES NO
 HOW MUCH? _____ SOURCE? _____

ARE YOU CURRENT ON YOUR TUITION? YES NO
 HOW MANY LATE PAYMENTS HAVE YOU HAD? _____

HOW MANY VOLUNTEER HOURS AT MSCA DID YOU CONTRIBUTE IN THE PAST 6 MONTHS? _____

EMPLOYMENT (1ST PARENT)
 COMPANY NAME _____ ADDRESS/CITY/ZIP CODE _____ MONTHLY TAKE HOME
 \$ _____

(PLEASE ATTACH YOUR LAST PAY STATEMENT)

EMPLOYMENT (2ND PARENT)
 COMPANY NAME _____ ADDRESS/CITY/ZIP CODE _____ MONTHLY TAKE HOME
 \$ _____

(PLEASE ATTACH YOUR LAST PAY STATEMENT)

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

SPECIAL CIRCUMSTANCES:

JOB LOSS? _____ EXPLAIN _____

ILLNESS OR DISABILITY? DESCRIBE _____

ONLY PARTIAL AWARDS ARE AVAILABLE FOR TUITION ASSISTANCE:

WHAT PERCENTAGE OF THE CURRENT ASSESSED TUITION ARE YOU ABLE TO PAY? _____ % OR \$ _____

ELIGIBILITY OF AWARDS REQUIRES VOLUNTEER SERVICE. FAILURE TO RENDER VOLUNTEER SERVICE WILL JEOPARDIZE THE CONTINUANCE OF TUITION ASSISTANCE FOR THE CURRENT SCHOOL YEAR.

AREA/CLASS TO OFFER SERVICE _____ DAYS OF AVAILABILITY _____ TIMES OF AVAILABILITY _____

STATEMENT OF NEED

SIGNING THIS DOCUMENT INDICATES YOUR HONESTY AND YOUR ACKNOWLEDGEMENT TO COMPLY WITH THE ABOVE. FAILURE TO MEET VOLUNTEER COMMITMENTS AND/OR TUITION PAYMENTS WILL VOID THIS AGREEMENT.

APPLICANT(S) SIGNATURE _____ DATE: _____

ADMINISTRATIVE OFFICE USE ONLY

TUITION ASSISTANCE AWARD GRANTED DENIED ADJUSTED (NOTE ADJUSTED AWARD IN COMMENTS SECTION)

AWARD VALUE \$ _____ OR _____ %

COMMENTS

BOARD MEMBER: _____ BOARD MEMBER _____

DIRECTOR: _____ DATE: _____