

STUDENT AID APPLICATION FORM

LODI ACADEMY

This form MUST be returned to the school office by June 1.

Part I: General Information

Student Name _____

Parent Name _____

Home Church _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

List all children supported by the family. List tuition ONLY for those attending private schools.

| <u>Name</u> | <u>Grade</u> | <u>Tuition per Month</u> |
|--------------------------------|--------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tuition per Month | | |

Part II: Family Income

This section must be filled in by the financially responsible parent or guardian of children listed in this application. Use gross (before taxes) income amounts. **A copy of your latest Income Tax Form (Form 1040) MUST be included.**

Monthly Family Income _____

Monthly Alimony _____

Monthly Child Support _____

Monthly Welfare/ADC _____

Assistance from Extended Family/Friends _____

Other Student aid/scholarships (church, conference) _____

(Continued on Back)

Part III: Family Expenses

List **Monthly** Bills or Obligations

| | | | | | |
|-------------------|-------|----------------|-------|-------------------|-------|
| Rent/Mortgage | _____ | Other Loans | _____ | Medical Insurance | _____ |
| 2nd Mortgage | _____ | Food | _____ | Life Insurance | _____ |
| Car Payment | _____ | Utilities | _____ | Other | _____ |
| Credit Cards | _____ | Home Insurance | _____ | Other | _____ |
| Educational Loans | _____ | Car Insurance | _____ | Other | _____ |

Part IV: Family Type

Select category which applies to your household.

- (A) _____ Single Parent / No Support From Ex
- (B) _____ Single Parent With Support From Ex
- (C) _____ Two Parents, Only One Working
- (D) _____ Two Parents, Both Working

If you checked category C and wish to give an explanation (e.g. preschooler at home, on disability, etc) or make any other comments, please do so here:

Part V: Family Commitment

Please indicate the amount you can pay to the school bill on a monthly basis. I am requesting a tuition payment of _____ per month to Lodi Academy. (Must Fill In) Lodi Academy cannot guarantee that this amount will be your actual payment, but we try to meet needs!

By accepting tuition assistance you agree to be responsible for all additional fees (including but not limited to registration, labs, field trips) and remain current on your portion of the tuition. If your portion of the school bill becomes 60 days overdue, the student may be asked to leave school until the account is brought current.

| | | |
|---------------------------|---------------------|-------|
| _____ | _____ | _____ |
| Parent/Guardian Signature | Relation to Student | Date |
| _____ | _____ | _____ |
| Parent/Guardian Signature | Relation to Student | Date |