

MORNING STAR ACADEMY

TUITION ASSISTANCE APPLICATION

*Please complete this form and submit it to the school office by April 30.
You will be notified by May 31 of the status of your request.*

NAME OF PARENT(S): _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME OF PERSON WHO IS FINANCIALLY RESPONSIBLE FOR THIS TUITION ACCOUNT (IF DIFFERENT FROM ABOVE):
_____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CHILDREN ATTENDING MORNING STAR ACADEMY:	NAME	GRADE
1.	_____	_____
2.	_____	_____
3.	_____	_____

PLEASE ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN AND SUPPORTING SCHEDULES.

For the upcoming school year, I estimate my total monthly income from all sources will be \$ _____.

I expect to contribute \$ _____ per month toward my child(ren)'s tuition at Morning Star Academy.

My **monthly** expenses are:

Housing _____ Credit Card Debt _____
Food _____ Other _____
Auto _____
Utilities _____
Insurance _____ Total expenses _____

PLEASE EXPLAIN ANY SPECIAL CIRCUMSTANCES THAT YOU WISH THE BOARD TO CONSIDER (i.e. extensive medical expenses, business or personal loss, etc.). YOU MAY USE THE BACK OF THIS FORM IF NECESSARY.

Morning Star Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at 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.