

King's Academy Request for Financial Assistance

- The Tree of Life delights in helping families who want to give their children an outstanding Christian education in a safe and supportive environment but who lack the financial resources. It is funded completely through the generosity of donors.
- Financial aid is based upon a family's ability to pay and is dependent upon the availability of funds. Applications are considered in the order they are received.
- Applications must be complete for consideration and must include the following:
 - o A completed copy of their 2021 Income Tax Return
 - Two current payroll check stubs from employed parents financially responsible for the child(ren).
- All sources of family income must be included.
- Any change in monthly family income during the year must be reported to the Head of School.
- The submission of false information will jeopardize financial assistance.
- Failure to meet all payment requirements when they are due will result in loss of financial assistance. If there are extenuating circumstances preventing timely payment, the parent(s) must contact the business office before the monthly tuition deadline.
- Unacceptable behavior or a failure of a student to maintain a "C" average may result in loss of financial assistance.
- Tree of Life families are expected to support King's Academy activities and fundraisers to the best of their ability.
- You will be notified by the Head of School of the Tree of Life Committee's decision regarding your application.
- Families approved for tuition assistance must sign an agreement acknowledging the amount and specifying the conditions of payment.

King's Academy Request for Financial Assistance for 2022 - 2023

Date:								
Name	of Student(s) in Need of Financi	al Assista	nce:					
	Child's Name		Gender	Date of Birth	Age Sept. 1,		Class/G Applyin	
Child	Resides with: Both Parents	Mo	other	_Father I	Legal Guardi	an		
Who i	s responsible for the cost of the c	hild's edu	cation?					
	oth Parents Mother			: (Please explain	ı):			
If you	have a church affiliation, please	give name	e of church:					
	Mother	_ Stepi	mother	Legal Guard	dian			
Nam	e:		En	nail Address:				
Home	e Address:		City:			ZIP C	Code:	
Cell I	Phone:	Home P	hone:		Work Pho	ne		
Place	of Employment:			Position:				
Length of Employment:			U.S. C	Citizen?	Legal Resident?			
	Father _	Stepf	ather	Legal Guardi	an			
Nam	e:	•		nail Address:				
Home	e Address:		City:			ZIP C	Code:	
Cell I	Phone:	Home P	hone:		Work Pho	ne		
Place	of Employment:			Position:				
Leng	th of Employment:		U.S. O	Citizen?	Legal Resident?			
		Enro	llment Info	rmation				
Check	all that apply: New Stu			Current Student				
_	Requesting Tree of Life for t	he first tin	ne	Current Tree of	Life family	reapply	ing for ne	w year
Hours	Attending:8:15 am - 3:45	pm	8:15 am	– 6:30 pm				
	6:30 am – 3:45	pm	6:30 am	– 6:30 pm				
Y	esNo If enrolling for Ex	tended Da	y, is this re	quired to accom	modate the	parent's	s work sch	edule
		(Office Use (Only				_
	Total Monthly Tuition:		School Day:		Extended Da	•		_
	TOL Approved:		School Day:		Extended Da	•		1
	Months Approved: to		Date Approv	veu.	Approved by	у.		

	Detail	s about Ea	ich /ipplica	III.	
First Name:	Ag	e:	Grade:	Grade Average (ABCDF):	
urrent School:			Typical Behavior:		
Describe any medical / development	ntal issu	es:			
First Name:	Ag	ge:	Grade:	Grade Average (ABCDF):	
Current School:				Typical Behavior:	
Describe any medical / development	ntal issu	es:			
First Name:	Λ.	.0.	Grada:	Grada Avaraga (ABCDE):	
Current School:	Ag	Age: Grade:		Grade Average (ABCDF): Typical Behavior:	
Describe any medical / development	ntal icen	ae•		Typical Bellavior.	
Describe any medicar / developmen	iitai issu				
First Name:	Ag	e:	Grade:	Grade Average (ABCDF):	
Current School:	, ,			Typical Behavior:	
Describe any medical / development	ntal issu	es:			
-					
Additional	Child	en/Depend		g in the Home	
Name		Age	Grade	Relationship	
Ado	ditiona	l Adults Li	ving in the		
Name		Relatio	on	Amount Contributed Monthly	
Tvarie				to Household Expenses	
N/l d1.21.2	1() -4	IZ : 2 A 1	9		
Why do you want to enroll your child	i(ren) at	King's Acad	emy?		
Briefly describe your situation and w	hy you a	re applying f	for financial ai	d.	
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Gross Monthly Family Income

	Father	Mother	Other Contributing Adults
Employment			
Child Support			
Government Assistance			
Food Stamps			
Other Income			

Additional Assets

Do you own your own home?			
Do you rent your home?	If yes, what is your monthly rent? \$		
Bank Account Balance \$ Savings Account Balance \$			
List any other property owned & the value:			
List any investments & approximate value: (IRA, Mutual Funds, etc.):			
List all automobiles owned or leased by the family. Include make, model, and year.			
1.			
2.			
3.			

Monthly Expenses

Bill / Company / Debt	Monthly Payment	Amount of Loan	Current Balance

Considering the above information, I can pay \$	per month toward the tuition of my
child(ren) at King's Academy.	

The information provided above is true and accurate to the best of my knowledge. I agree to inform King's Academy immediately of any change in my gross monthly family income. I understand that any false information will jeopardize my financial assistance.

If awarded financial aid, I agree to make all required payments on or before their due date. I understand that failure to do so will result in loss of funding.

Signed		Date:	
o	(Parent/Guardian Signature)		
Signed		Date:	
0	(Parent/Guardian Signature)		

King's Academy admits students of any race, color, religion, national origin, and ethnicity 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, or national/ethnic origin in the administration of its educational, admissions, or financial aid policies or other school-administered programs.