

Financial Aid Application Eagle Adventist Christian School



We are very pleased that you are considering sending your child to EACS. It is our goal to educate young people for success in this life and through eternity. We have some dedicated people who believe strongly in the value of Christian education. They live frugally so they can donate monthly to make it possible for students with financial challenges to attend. We do have limited amounts of funding and we try to stretch it as far as possible, so we ask that you as parents help by committing to pay as much of the bill as possible. That said we do want to help make a Christian education for your

child(ren) a reality here at EACS.

Please turn in this completed application with your latest tax return by the end of July. We will consider the order of our receipt of your request as one of the criteria when awarding financial aid. Advance notice of need helps all of us prepare for meeting the needs of as many children as possible. **NOTE: No funds are available for hot lunch or ski days.**

Children needing aid	Grade	Date _____
_____	_____	
_____	_____	
_____	_____	

Parents Name _____

Phone # _____ or _____

Address _____

Amount of aid needed

Please look at the August statement or handbook to determine your monthly expense for all of your children combined who are enrolling in EACS.

Monthly tuition _____

Subtract what you are able to pay _____

Total monthly assistance needed _____

Please include a copy of your most recent tax return. Also (on the back of this form) please briefly describe any additional circumstances that may be impacting your ability to pay your child's tuition.

Office Use only:

Tuition Scholarship awarded _____ per 10 months. Parent Tuition Responsibility _____ per 10 months.
 Registration Scholarship awarded _____ Parent Registration Responsibility _____
 Other _____

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 Other _____