



COVENANT CHRISTIAN MINISTRIES ACADEMY INCOME - BASED TUITION APPLICATION

SCHOOL YEAR: _____

A. Parent/Guardian(s) Name(s):

Marital Status: Married Single Divorced Separated Widowed

Father: _____ Mother: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) - _____

Cell phone: (____) - _____ Email address: _____

B. Name of child(ren) that you are requesting assistance for:

Grade: _____

Grade: _____

Grade: _____

Grade: _____

C. Employment Background:

Father: Place of Employment: _____ How long? _____

Address: _____ Phone: _____

Mother: Place of Employment: _____ How long? _____

Address: _____ Phone: _____

How often have you changed employment? Father: _____ Mother: _____

What are your future plans as far as employment is concerned? _____

Are you receiving any other financial assistance? Yes No

If yes: Unemployment \$ _____ Alimony \$ _____
 Child Support \$ _____ Governmental Support \$ _____
 Other \$ _____

D. Church History

- 1) What church are you currently a member of? _____
- 2) How often do you attend? _____
- 3) Do you support your local church on a regular basis through your tithes and offerings? _____
Can this information be verified? _____

PURPOSE

1) Why do you wish for your child to attend a Christian school? _____

2) Why have you chosen Covenant Christian Ministries Academy? _____

FINANCIAL: *(Please attach a copy of the following documentation to support your obligations so that we may determine assistance. i.e., paystubs & W-2)*

Income: Please indicate frequency of income received (*i.e. bi-monthly = 1st & 15th*)

Father: Weekly \$ _____ Bi-Monthly \$ _____ Monthly \$ _____

Mother: Weekly \$ _____ Bi-Monthly \$ _____ Monthly \$ _____

I, _____, understand that by filling out this application with the information indicated, does not guarantee my child admission or assistance from the school. I also understand that this is confidential and will be kept with the administration office.

I, _____, also acknowledge that the information stated is true and, I will provide the accurate verification required.

Signature: _____

Date: _____

For Office Use Only: **Approved** [] **Denied** []

Scholarships	\$ _____
Tuition Assistance	\$ _____
Parent Responsibility	\$ _____

President Signature: _____

Date: _____