



**BEACON**  
**ACADEMY**  
FIND THE LIGHT. FIND THE WAY.

TUITION ASSISTANCE 2026-2027  
APPLICATION FORM

PARENT(S) LAST NAME \_\_\_\_\_

STUDENT(S) LAST NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

**Keep a copy of this application.**

To be considered for Financial Aid, you must submit a new form for each year and attach a copy of all necessary tax documents listed below. Assistance is determined and awarded each year by a financial review process that uses an objective set of guidelines to determine eligibility factors. Awards will be determined within a month of receiving an application form and all necessary documentation.

**Please note the required tax year documentation.**

1. Detailed copies of all pages and Schedules of last year's Federal Income Tax Return Form 1040, 1040A, or 1040EZ
2. Copies of all **current** W-2 Wage and Tax Statement Forms.  
**(Please make sure all documentation is copied on regular 8 1/2 X 11 paper).**
3. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Section A and B.

**IMPORTANT:** If the above items do not accompany this application, your application will not be considered complete.

\*\*ALL INFORMATION IS STRICTLY CONFIDENTIAL. ANY INFORMATION PROVIDED IS SIMPLY USED IN AN EFFORT TO FAIRLY DETERMINE WHAT AMOUNT IF ANY YOU QUALIFY FOR.

**A. PARENT, GUARDIAN or OTHER ADULT** RESPONSIBLE FOR TUITION

Check one:  Father  Mother  Stepfather  Stepmother  Other Adult

NAME \_\_\_\_\_  
FIRST NAME LAST NAME

If Other Adult Please Specify: \_\_\_\_\_

**B. PARENT, GUARDIAN OR OTHER ADULT** RESIDING WITH PARENT A

Check one:  Father  Mother  Stepfather  Stepmother  Other Adult

NAME \_\_\_\_\_  
FIRST NAME LAST NAME

If Other Adult Please Specify: \_\_\_\_\_

**C. DEPENDENTS** (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 20\_\_ . \_\_\_\_\_

Please list all dependent children in order of oldest to youngest, including college students.

	Dependent Last Name	Dependent First Name	Age	Grade in the Fall of 20__	Applying for Aid Yes/No	Amount I/ We feel I/ We can pay toward tuition	Tuition charged yearly per student	School Name
1								
2								
3								
4								
5								

**D. Parent Asset Information**

Current value of cash, checking, savings \$ \_\_\_\_\_

Family Residence: Owned \_\_\_\_\_ Rented \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Year Purchased \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_

Other Real Estate and Investments \$ \_\_\_\_\_

**E. Parent Income Information (monthly)**

Income	
Gross Income	\$
Less: Income Taxes	-\$
Other Income Sources	\$
Less: Other Taxes	-\$
Net Income	\$

**F. Parent Expenses Information (monthly)**

Expenses	
Utilities	\$
Food	\$
Entertainment	\$
Clothing	\$
Transportation	\$
All other	\$

**G. UNUSUAL CIRCUMSTANCES** (Check all that apply to your situation)

<input type="checkbox"/>	Loss of job	<input type="checkbox"/>	Death in the family	<input type="checkbox"/>	Changing family living status
<input type="checkbox"/>	Recent separation/divorce	<input type="checkbox"/>	Shared custody	<input type="checkbox"/>	Bankruptcy
<input type="checkbox"/>	Change in work status	<input type="checkbox"/>	Child support reduction	<input type="checkbox"/>	College expenses
<input type="checkbox"/>	Medical/Dental expenses	<input type="checkbox"/>	Income reduction	<input type="checkbox"/>	Shared tuition
<input type="checkbox"/>	Illness or injury	<input type="checkbox"/>	Other (Explain in Section H)	<input type="checkbox"/>	

**H. EXPLANATION** (Use this space to explain any answers which may need clarification. Use back of page if needed)

**I. PAST TUITION EXPENSESES** (Check and complete all that applies)

Number of dependent children who attended a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 20\_\_\_\_. \_\_\_\_\_

	Dependent Last Name	Dependent First Name	Age	Current Grade Entering	Received Aid Yes/No	Tuition charged yearly per student	School Name
1							
2							
3							
4							
5							

**WHAT IS NEEDED TO PROCESS THIS APPLICATION**

**(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE)**

1. This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent of Guardian listed in Sections A and B.
2. Detailed copies of all pages and Schedules of last year's Federal Income Tax Return From 1040, 1040A, or 1040EZ, and W-2 FORMS.
3. If you have not yet filed a current IRS FORM 1040, then your most recent 1040, 1040A, or 1040EZ, and most recent W-2 FORMS.

**SIGN HERE**

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. I/we authorize Beacon Academy to use such forms ONLY in determining Financial Aid.

Parent/Guardian A \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian B \_\_\_\_\_ Date: \_\_\_\_\_