



BEACON
ACADEMY
FIND THE LIGHT. FIND THE WAY.

TUITION ASSISTANCE 2024-2025
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 EXPENSES (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 or 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: _____