



FINANCIAL AID APPLICATION

WISCONSIN ACADEMY

N2355 Du Borg Rd, Columbus, WI 53925

Application Date: _____

Student's Name: _____ Social Security No: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Grade Level: _____ Gender (Male/Female): _____ Date of Birth: _____

Father's Name: _____ Phone: _____
or Guardian Last First Middle

Address: _____
Street Address City State Zip Code

Occupation: _____ Employer: _____ Length of employment: _____

What church congregation does he attend? _____

Mother's Name: _____ Phone: _____
or Guardian Last First Middle

Address: _____
Street Address City State Zip Code

Occupation: _____ Employer: _____ Length of employment: _____

What church congregation does she attend? _____

Does student have a summer job? _____ Does he/she plan to obtain one? _____ Where? _____

Is the student receiving (or have they received) any scholarships or financial help aside from parents' support? _____

If yes, describe this assistance: _____

Does the student have any relatives or friends (other than parents / guardians) who can provide financial assistance? _____

If yes, how much can they provide? \$ _____ monthly / quarterly / yearly

You may be able to obtain addition financial assistance from your local church through the "Youth Educational Scholarship Program (YES)." This program can often provide additional matching money. Download the "Local Church Contribution Agreement" form to learn more about the program and see if you qualify. The form must be presented to your pastor and church treasurer who will take your case to the local church board. Once voted, the completed form must be returned to Wisconsin Academy.

Will you be applying for YES funds through your local church? _____

STUDENT'S STATEMENTS

In your own words, tell why a Christian education at Wisconsin Academy is important to you. _____

Why do you feel you need financial assistance? _____

PARENT'S / GUARDIAN'S FINANCIAL DISCLOSER

Note: Information provided here will only be used by the Scholarship Committee in determining the student's eligibility for assistance.

Marital status of Parents / Guardians: Married Divorced Widower
 Separated Remarried Widow

Dependent Children in Student's Family

Name of Child	Age	School Attending	Amount of Tuition Paid by Family	Amount of Aid Received
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

Father's / Guardian's Annual Income: \$ _____ Monthly: \$ _____
 Mother's / Guardian's Annual Income: \$ _____ Monthly: \$ _____
 Additional Family Income: \$ _____ Monthly: \$ _____

NOTE: Your Financial Aid application CANNOT be processed without a copy of the family's most recent signed Federal Income Tax return accompanying the application. IRS W-2 Forms are NOT sufficient.

Family's Monthly Financial Responsibilities

Rent / Mortgage payment – including tax and insurance: \$ _____
 Automobile payment(s) plus operating expenses: \$ _____
 Other Obligations: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

FAMILY'S MONTHLY FINANCIAL COMMITMENT

NOTE: Your application cannot be processed without completing this section. Bear in mind that it costs in excess of \$300 per month to feed your student in the cafeteria.

In order to provide financial aid to as many families as possible, each family must do their part to meet their financial obligation. By carefully managing your finances and prioritizing Christian education, what is the maximum you will be able to contribute on a monthly basis for your student's education at Wisconsin Academy? \$ _____

FAMILY'S ACCEPTANCE OF RESPONSIBILITIES

All those who are awarded financial aid must abide by the following policies:

1. A student receiving financial aid must maintain passing grades in all subjects.
2. A student receiving financial aid must cooperate fully with the work-study program by working in his or her assigned job willingly and conscientiously. If the student does not work the assigned number of hours, the scholarship funds will be pro-rated accordingly.
3. Students receiving financial aid are expected to cooperate fully with the school administration and to comply with all the rules and standards of the school. If a student receiving financial aid is involved in disciplinary action that results in a period of suspension or probation, the student will not receive financial aid for the time involved. The parents or guardians will be expected to pay the amount of aid lost because of the disciplinary action.
4. The family's monthly financial commitment plus any incidental charges such as music lessons or gymnastics fees must be paid by the twenty-fifth (25th) of each month. Failure to do so will jeopardize further financial aid.
5. Financial aid is contingent on the student and family faithfully fulfilling their obligations under this agreement. Failure to do so is taken seriously by the administration and the donors who provide these funds. By signing below, you indicate your acceptance and agreement with the forgoing statements.

REQUIRED SIGNATURES

I accept and agree to comply with the five statements listed above. I further certify the information provided to complete this application is true and correct to the best of my knowledge and belief.

Student's Signature: _____ **Date:** _____

Father's/Guardian's Signature: _____ **Date:** _____

Mother's/Guardian's Signature: _____ **Date:** _____