Student's Name_	Grade	2018-2019



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 Add		City	Ctata	7in Codo
			City	State	
Grade Level:	(Jender (Male/Fen	nale):	Date of Birth:	
	Last	First	Middle	Phone:	
Address:					
	Street Add	ress	City	State	Zip Code
Occupation:	Employer:Length of employment:		yment:		
What church c	ongregation d	oes he attend?			
Mothow's Name				Dhono	
or Guardian	 Last	First	Middle	Phone:	
riddress.	Street Add	ress	City	State	Zip Code
Occupation:		Employer: _		Length of emplo	yment:
What church c	ongregation d	oes she attend?			
Does student have a	summer Job?	Does he/sh	e plan to obtain one?	?Where?	
Is the student receivi	ng (or have th	ney received) any	scholarships or finan	ncial help aside from parents	s' support?
TC 1 11 11			_		
If yes, describe the	nis assistance				
Does the student hav	e relatives or	friends (other than	n parents / guardians) who can provide financial	assistance?
TC 1 1	d	: 1 .0 · 0	.1.1		
If yes, now much	i can they pro	vide? \$	monthi	y / quarterly / yearly	
Scholarship Program Contribution Agreem	(YES)." Thinent" form to ch treasurer w	s program can oft learn more about ho will take your	en provide additiona the program and see	church through the "Youth I al matching money. Downlo if you qualify. The form m arch board. Once voted, the	oad the "Local Church ust be presented to
Will you be applying	for YES fund	ds through your lo	ocal church?		

	Student's Name		Grade	2018-2019
STUDENT'S STATEMENTS				
In your own words, tell why a Christi	an education at Wiscon	nsin Academy is	important to you	
Why do you feel you need financial a				
PARENT'S / GUARDIAN'S FINANCE	-			TI. 6
Note: Information provided here will only	be used by the Scholarshij	o Committee in dete	ermining the student's eligibi	lity for assistance.
Marital status of Parents / Guardians:	☐ Married☐ Separated	☐ Divorce ☐ Remarr	ed 🗆 Widow ied 🗆 Widow	
Dependent Children in Student's	Family			
Name of Child	Age School Attend	ing	Amount of Tuition Paid by Family	Amount of Aid Received
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Father's / Guardian's Annual Inco	me: \$	M	onthly: \$	
Mother's / Guardian's Annual Inco				
			onthly: \$	
110010101111111111111111111111111111111	——————————————————————————————————————		σππην φ	
NOTE: Your Financial Aid applic Federal Income Tax return accompa				most recent signed
Family's Monthly Financial Respo	nsibilities			
Rent / Mortgage payment – including	tax and insurance:	\$		
Automobile payment(s) plus operatin	\$			
Other Obligations:				
		\$		
FAMILY'S MONTHLY FINANCIAL O	OMMITMENT			
NOTE: Your application cannot be \$300 per month to feed your student		mpleting this sec	tion. Bear in mind that	it costs in excess of

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? \$______

Student's Name	Grade	2018-2019

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.
- 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 music performance clothing must be paid by the twentieth (20th) 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: