



*Educating for Eternity*

## **Wisconsin Inspire Academy Financial Assistance Application Form**

1. Complete the application and confidential parental information form
2. Attach copy of your most recent IRS 1040 tax return
3. Attach a copy of your most recent paycheck stub
4. Submit all of the above to the Wisconsin Inspire Academy Financial Committee.

The following are types of Financial Aid available:

- Conference Subsidy
- Church Contributions
- INspire Scholarships



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## Wisconsin Inspire Academy (Finance committee)

### Financial Assistance

#### General information

\_\_\_\_\_  
Name of student Birthdate Grade

\_\_\_\_\_  
Address City State Zip code

#### 1. Parent/ Guardian Commitment:

We would like \_\_\_\_\_ to attend Wisconsin Inspire Academy if sufficient aid can be made available. We are willing to pay the remaining portion that becomes due every month, as well as the entire initial payment which is due at registration. We further understand that we must keep our agreement with the school on the monthly payment in order for aid to remain available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 2. Wisconsin Inspire Academy (Finance Committee/ IA School Board)

The Wisconsin Inspire Academy school board is willing to assist the above-named student in attending WIA in the amount of \$\_\_\_\_\_. The balance will be paid by the parent(s) as agreed.

**Date of school board action:** \_\_\_\_\_

**Signature of School board chair:** \_\_\_\_\_

#### 3. Parent/Student work commitment:

We will volunteer at designated times during the school year wherever we are assigned to assist WIA in various projects, events, such outdoor education days, music festivals, etc.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## CONFIDENTIAL

### Parental Information Form

#### Parent/Guardian information

**Fathers/ Guardian full name** \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name & Address of employer \_\_\_\_\_

**Mothers/Guardians full name** \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name & Address of employer \_\_\_\_\_

**Children's names**

**Ages**

**Grade**

**School Attending**

**Yearly Cost**