

Tyler Adventist School

**FINANCIAL AID ASSESSMENT FORM**

In order for your request to be considered, please complete this **form** and include a copy of your most recent **tax return** and return to Principal or School Treasurer.

Financial Aid requested for (name of student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Net Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Monthly expenses including mortgage or rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Monthly tuition commitment per child: \_\_\_\_\_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_\_\_\_

Is there any additional information you would like the Committee to consider in your request?

Knowing that church members and other families are sacrificing so that your child can attend a Christian school, if you are granted aid for your child(ren), do you agree to uphold the standards of Tyler Adventist School? **Y or N** (circle one)

Do you understand that if your child’s grades fall below a C+ average, and/or if his/her conduct is not in harmony with the TAS handbook, your child(ren)’s aid will be discontinued? **Y or N** (circle one)

Do you understand that if you do not pay your monthly tuition on time, you will no longer be eligible to receive financial assistance? **Y or N** (circle one)

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, & Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone email address