

Acorn KinderHouse

New Student Financial Aid Application

Parent or Guardian Information

Parent Name:	Phone (Home):
Complete Address:	
Occupation:	Phone (work)
Adjusted Gross Income (IRS form)	
Employed by:	Full/Part Time
Best time and place to call you	
Parent Name:	Phone (Home):
Complete Address:	
Occupation:	Phone (work)
Adjusted Gross Income (IRS form)	
Employed by:	Full/Part Time
Best time and place to call you	
Who is responsible for tuition? Please explain:	
As of today, parents marital status is:	

The child/student lives with (check all that apply):

Mother Father Stepfather Stepmother
 Male Guardian Female Guardian

Projections

Child's Name	Birthday
Number of Days attending 2 day 3 day 4 day	
Full Day/Half Day/ Other (please explain)	

Page 2

If paying full tuition for the _____ school year what would be the total?

How much can you afford to pay for tuition for the _____ school year?
(Please do not leave blank)

Please explain your family situation which prohibits you from paying full tuition and prompts your application for financial aid. (Please give as much information as you feel comfortable sharing, however this information aids the finance committee in their decision making. (Use additional paper as needed)

Please provide any other information you feel is important to the consideration of your application and our work to establish a financial relationship that is healthy for both your family and the school.

Please confirm your intention and ability to participate in the **School Service Program**/Parent Volunteer Hours (which is expected of ALL families enrolled -25 hours) See Family Handbook for policy and additional information **Initial here** _____

Please confirm your understanding, intention and ability to participate in the **School Financial Aid Service** program which consists of an additional 5 hours per \$500.00 of aid. These hours are in addition to "School Service Program" listed above. These tasks may include, but not limited to recess supervision, library, office clerical, janitorial, work days etc. and must be completed or scheduled for completion by March 1 or financial aid will be revoked and you will be billed for the remaining amount of tuition. For additional information see policy or speak with the Administrator. **Initial here** _____

I certify that to the best of my ability, the information I have provided is accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____

Families applying for Financial Aid for the first time - Please attach a copy of your most recent State and Federal tax return

OFFICE USE ONLY
Date Enrollment Application Received
Date Financial Aid Application Received