

Kodiak Christian School

3300 E. Rezanof Dr. / Kodiak, AK 99615 907.486.4905 / FAX: 907.486.2463

kcseagles@gmail.com

www.kodiakchristianschool.org

Financial Assistance Application

This application for tuition assistance will be given prayerful consideration by the Tuition Aid Committee.

Information which you supply will be kept in strictest confidence.

Application deadline: July 31st

Names of Parents/Guardians:		Date:	
Mailing Address:			
Physical Address:			
Home Phone:	Wo	ork Phone:	
Number of children living	g at home:		
Child(ren) Enrolled at Ko	diak Christian School, Grades PS-	8	
Name	Grade Entering	Tuition Amount	
1.			
2			
3.			
4.			
	Tuition Total		
Father's Employer:		·	
Mother's Employer:			
Financial Circumstances:	:		
your ability to pay the tot	tal tuition? Are these temporary h	nced in the past year that has a direct bearing on nardships?	n –
			_ _ _
Do you currently have an	unpaid tuition balance at KCS?_	Amount?	
Have you requested fina	ncial aid for tuition from your chu	rch?	
Have you asked family o	r friends for assistance?	<u></u>	

Monthly Income:	Please list other income and amounts (i.e. PFDs)
Father's Monthly Income:	
Mother's Monthly Income:	
Other Monthly Income:	
Total Monthly Income:	
Monthly Expenses:	Provided by Employer: (please check all that apply)
Tithe:	Housing
Mortgage/Rent:	Utilities
Water/Sewer/Garbage:	Transportation
Electrical:	
Heating Fuel:	
Food:	
Clothing:	Current Assets:
Vehicle Payment(s):	Cash Available:
Vehicle Insurance:	Stocks/Bonds:
Vehicle Fuel/Maintenance:	Real Estate:
Telephone:	Cars/Boats/Etc.:
Cable/Internet:	
Medical Insurance:	Current Liabilities:
Life Insurance:	Home Mortgage:
Medical/Dental:	Student Loans:
Activities/Entertainment:	Credit Cards:
Student Lessons:	Vehicle Loans:
Family Miscellaneous:	Other:
Savings/Investments:	
Credit Card Payments:	
Loan Payments (i.e. student):	Of the total tuition I feel that I can pay \$ per month.
Total Monthly Expenses:	
I certify the information on this application rendeavor to notify Kodiak Christian School of	represents my true financial status. If awarded aid, I shall of any changes in my ability to pay tuition.
Father/Guardian	Date
 Mother/Guardian	 Date