

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(s)): _____

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 (children), do you agree to uphold the standards of Tyler Adventist School? **Y or N** (circle Y/N)

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

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 Y/N)

Parent/Guardian Signature

Date

Printed Name

Address

City, State, & Zip Code

Telephone

Mobile Phone

EMAIL Address