



# Klamath Falls Adventist Christian School

2499 Main Street, Klamath Falls, OR 97601-2721  
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## Student Financial Aid Application

Parent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City, State, ZIP

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name(s) of Student(s): \_\_\_\_\_ grade: \_\_\_\_\_  
\_\_\_\_\_ grade: \_\_\_\_\_  
\_\_\_\_\_ grade: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

### Father's Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State ZIP

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Mother's Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State ZIP

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Combined Income:** Yearly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_  
Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_

**Debts and Payments:**

Owed to Whom	Amount Monthly	Total Owed	Description
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	



**Reason for Student Aid Request:**

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How much can you pay?

Entrance Fee: \$ \_\_\_\_\_

Monthly Tuition: \$ \_\_\_\_\_

How much aid do you need?

Entrance Fee: \$ \_\_\_\_\_

Monthly Tuition: \$ \_\_\_\_\_

