

## **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:				<u> </u>
Address:Street/P.O. Box	City	State	ZIP	_
Telephone: ()				
Combined Income: Yearly: \$		_ Monthly:\$_		
Checkina: \$		Savinas: \$		

## **Debts and Payments:**

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

Reason for Student Aid Request:				
How much can you pay?				
	Entrance Fee: \$			
	Monthly Tuition: \$			
How much aid do you nee	ed? Entrance Fee: \$			
	Monthly Tuition: \$			

## Do not write on this portion: School Board/Office use only Approved: Yes() No() Stipulations: **Parent Responsibility Financial Aid** Total: Entrance Fee + Monthly Tuition x 9 months x 9 months Total Annual + Cost Date: \_\_\_\_\_

Date Parents were notified: \_\_\_\_\_\_

School Board Chairperson