

**Application for Tuition Assistance
at Parkview Junior Academy**

Parent's Name _____

Student's Name _____ Grade _____

_____ Grade _____

_____ Grade _____

Address _____

Phone Number _____ Total IRS Tax Dependents _____

Dependent Children (other than applicants)

| Name | Age | Grade | School |
|------|-----|-------|--------|
|------|-----|-------|--------|

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Parent's Employment:

Father's Employer _____

Address _____

Phone Number _____

Mother's Employer _____

Address _____

Phone Number _____

Household income for last calendar year _____

Please attach a complete copy of your most recent federal income tax forms. Applications without this documentation will not be accepted.

Financial Arrangements: Please complete the lines below.

Total Monthly Tuition: _____

Parents' Contribution: _____

Other Financial Aid (assistance from grandparents or other family members, parent solicited sponsors, etc): _____

Assistance Requested: _____

Reason for request:

Parkview Junior Academy Tuition Assistance Policy

Tuition assistance will be awarded based on the following criteria:

1. Parents must be responsible for paying some portion of the school bill and must keep current in their payments. Failure to do so may result in loss of the scholarship.
2. Students receiving tuition assistance must maintain passing grades in all core subjects: Language Arts, Math, Science, Social Studies.
3. Students receiving tuition assistance must exhibit positive behavior. Major disciplinary offenses or repeated minor offenses may result in loss of the scholarship.

Statement of Acceptance

I have read and understand the tuition assistance policy. I agree to abide by all the terms listed.

Parent signature: _____ Date _____

Student's signature: _____ Date _____

Student's signature: _____ Date _____

Student's signature: _____ Date _____

**Return to: Parkview Jr. Academy
412 S. Avery Avenue
Syracuse, NY 13219**

Office Use Only:
Assistance awarded: _____

Date _____