

Application for Tuition Assistance for 2019-20 School Year

In an effort to be fair to all families, CAWNY only uses your family's size and total household income to determine eligibility for tuition assistance.

determine eligibility for fultion assistance.						
Names and title of all adults in your household: (e.g. Andy Taylor, Dad; Beatrice Taylor, Aunt) (please include all individuals over the age of 18, who contribute to the household income)						
□ Full Name:	Title:					
□ Full Name: Title: works outside the home □ stay-at-home parent with small children □ stay-at-home parent with all school-age children □ unable to work, please explain:						
⊓ Full Name:	Title:					
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□ works outside the home □ stay-at-h children □ unable to work, please exp	□ Full Name: □ works outside the home □ stay-at-home parent with small children □ stay-at-home parent with all school-age children □ unable to work, please explain:					
Names of all children in your ho	ousehold who will be attending CAWNY for 2019-20 sch	ool year:				
□ Name:	_Age: Grade:					
□ Name:	_Age: Grade:					
□ Name:	_Age: Grade:					
□ Name:	_Age: Grade:					
□ Name:	_Age: Grade:					
If you have children in Grades K – 8 and you did <u>not</u> receive Bison Fund last year, did you apply for Bison Fund for the upcoming school year? (This is a requirement for <u>returning</u> families.)						
No, we did not. Reason: No, our family doesn't qualify for Bison Fund. Yes, but our family was not selected. Yes, we will be receiving a scholarship from Bison Fund this upcoming year.						
Do any of the children who will be attending CAWNY have a parent not living in the home?Yes No If yes, would that parent help cover any of the tuition costs?						
Maybe. I will speak with him/her about contributing No.						
Names of all children in your household who are <u>under 18</u> and will <u>not</u> be attending CAWNY: (this may include all children <u>who live in your home</u> , including grandchildren, etc.)						
□ Name:	_Age: Grade:					
□ Name:	_Age: Grade:					

___ Age: ____ Grade: ___

□ Name:

names of all of your children, in your nousehold, who attend conege full-time:
Name: Age: What is the total cost of tuition for this student each year? \$ What amount of <u>out-of-pocket</u> funds does your family provide to cover his/her college tuition each year? \$ Does this student rely on you primarily for their daily living expenses? Does this student have a full-time job or a part-time job?
Name: Age: What is the total cost of tuition for this student each year? \$ What amount of <u>out-of-pocket</u> funds does your family provide to cover his/her college tuition each year? \$ Does this student rely on you primarily for their daily living expenses? Does this student have a full-time job or a part-time job?
Income Information (Please do not leave any blanks. Write N/A for what doesn't apply to your family):
Gross Income as listed on the attached Federal tax forms:
2. Federal Tax Refund amount (if any) as listed on the attached tax forms:
3. NYS Tax Refund amount (if any):
4. Any income not reported on the your tax forms (including child support, subsidies, etc.):Please explain:
5. Total yearly amount of State or Federal aid received by your family:
6. Cash on hand, savings or checking account total (if over \$500):
7. Not including the home your family resides in, do you own any other property? If yes, please describe: Any income received from this property: Any expenses associated with this property:
Christian Education
Please understand that we are a Christ-centered, non-denominational school that is funded almost entirely on tuition from our CAWNY families. We are not supported by any church or denomination.
We ask that you prayerfully review your monthly budget. In the space below, please write the MONTHLY amount that you feel your family could afford to pay in tuition.
\$ per month.
If, after all your information is reviewed, your family does not qualify for tuition assistance and you feel that your family has a financial strain or burden due to extenuating circumstances specific to your family, the Board of Education will gladly meet with you to determine if assistance can be given.
If, after all of your information is reviewed, your family feels that your tuition assistance amount should be higher and you feel that your family has a financial strain or burden due to extenuating circumstances specific to your family, the Board of Education will gladly meet with you to determine if more assistance can be given.

Please note: Applications will <u>not</u> be reviewed unless <u>all</u> sections are completed and the previous year's FEDERAL income tax returns are attached. Thank you for understanding.

Household Adult

Please complete a form for each adult living in the household. (Extended relatives not included, i.e., Grandma, Great-Uncle Lou, etc.)

Name:			litie:	
-	ages of this application was eas consider your answers.	y to complete with figures.	In this section, however, we need for	you to
hands in o	rder to run at its best. Please as	sk the Lord to show you ho	ildren to attend. However, the school row you can contribute at the school to cass your dedication to Christian education	offset the
Check <u>all</u> t	hat apply.			
I wo	(Men) Football (Fall)	Assistant Coach for at least Basketball (Winter) _ g (Winter) Volleyball (F		l prefer:
	ould like to complete an applica an substitute for Pre-K and l		added to the Volunteer Substitute Tea ddle School High School	icher list.
on	ould like to apply to be a High S o: Mondays Tuesdayou are interested in this particular pos	ays Wednesdays		vailable
the	•	general straightening up ar	week. This position would involve retuind wiping down tables. I am available ays Fridays	•
	ould like to assist the maintenar _ Mondays from to Wednesdays from to Fridays from to			
excellent e		lents. I would like to comp	rledge or a technology) that I think mig lete an application to see if my skill is o My skill is	
	dn't see anything that really app			·
l would like	e to receive more information o	n areas at CAWNY to which	n I can contribute on a routine basis.	
	ause I work full-time, either at h I would like to offer my help wi		outside the home, I cannot help on a c	laily basis.
	_ Fall Fundraiser _ Christmas Cupboard	_Spring Fundraiser	Speech Meet Judge	
	_ Christmas Cupboard	_Open Houses	Mother's Day Plant Sale	
But, on occ	rause I work full-time, either at h casion when the school needs n me to help.		outside the home, I cannot help on a c	•
			e school. I will, however, commit to pr week: Time:	

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