



# CHRISTIAN ACADEMY OF WESTERN NEW YORK

## Application for Tuition Assistance for 2021-22 School Year

Please answer all questions or write N/A in the blank.

(In order to be considered for tuition assistance, **your family's previous year's Federal tax returns must be attached to this form**. If they are not, this form will be returned to you, which may cause your family to miss important deadlines. Please, do not submit this form without your family's previous year's Federal tax returns attached.)

### 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:** \_\_\_\_\_

☐ 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:** \_\_\_\_\_

☐ 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:** \_\_\_\_\_

☐ 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 household who will be attending CAWNY for 2021-22 school year:

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

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 under 18 and will not be attending CAWNY:

(this may include all children who live in your home, including grandchildren, etc.)

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

**Names of all of your children, in your household, who attend college full-time:**

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

What is the total cost of tuition for this student each year? \$ \_\_\_\_\_

What amount of out-of-pocket 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 out-of-pocket 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? \_\_\_\_\_

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**Bison Fund**

**If you have children in Grades K – 8 and you did not receive a Bison Fund financial scholarship last year, did you apply for a Bison Fund scholarship for the upcoming school year?**

\_\_\_ No, we are a new family and we have never heard of Bison Fund.

\_\_\_ No. We are a returning family, but we did not apply. Reason: \_\_\_\_\_

\_\_\_ No, our family doesn't qualify for Bison Fund.

\_\_\_ Yes, but our family was not selected.

\_\_\_ Yes, we will be receiving a \_\_\_ 75% \_\_\_ 50% \_\_\_ 25% scholarship from Bison Fund this upcoming year.

\_\_\_ Yes, we will be receiving a scholarship, but Bison Fund has not notified us as to the amount/percentage.

**If you did receive a Bison Fund financial scholarship last year, did you re-new your application for the upcoming school year?**

\_\_\_ No, we did not. Reason: \_\_\_\_\_

\_\_\_ No, our family didn't qualify for Bison Fund this year.

\_\_\_ Yes, we will be receiving a \_\_\_ 75% \_\_\_ 50% \_\_\_ 25% scholarship from Bison Fund this upcoming year.

\_\_\_ Yes, we will be receiving a scholarship, but Bison Fund has not notified us as to the amount/percentage.

**If you have an 9th Grade student for the upcoming school year and you did receive a Bison Fund financial scholarship last year, was your family selected for a High School scholarship?**

\_\_\_ No, we were not selected.

\_\_\_ Yes, we will be receiving a High School Scholarship from Bison Fund this upcoming year.

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**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 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.

Why is your family considering Christian education at CAWNY for this upcoming year? \_\_\_\_\_

\_\_\_\_\_

## Income Information

**Please do not leave any blanks. Write N/A for what doesn't apply to your family.** If you leave blanks, the form will be returned to you to be completed. **Such return could cause you to miss the tuition assistance deadline.**

1. 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 your tax forms (including child support, subsidies, etc.): \_\_\_\_\_

Please explain: \_\_\_\_\_

5. Total yearly amount of State or Federal aid received by your family: \_\_\_\_\_  
(i.e., food stamps, EBT, SNAP, housing assistance, State or Federal Assistance of any kind, etc.)

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: \_\_\_\_\_

To the best of my knowledge, all information on this form is true and correct.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

**After all your information is reviewed, if 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.

**After all of your information is reviewed, if 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 not be reviewed unless all 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: \_\_\_\_\_

Title: \_\_\_\_\_

We are so blessed to have a wonderful school like CAWNY for our children to attend. However, the school requires many hands in order to run at its best. Please ask the Lord to show you how you can contribute at the school to offset the tuition assistance that you are receiving. Thank you and may God bless your dedication to Christian education.

Please understand that many of these positions will be filled in late Spring or early Summer preceding the school year.

Check all that apply.

\_\_\_\_\_ I would like to commit to being an **Assistant Coach** for at least one season in the school year. I would prefer: \_\_\_\_\_ Co-Ed Soccer (Fall) \_\_\_\_\_ Boys Basketball (Winter)  
\_\_\_\_\_ Girls Volleyball (Fall) \_\_\_\_\_ Girls Cheerleading (Winter)

\_\_\_\_\_ I would like to complete an application so that my name to be added to the **Volunteer Substitute Teacher** list.

I can substitute for \_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School

\_\_\_\_\_ I would like to commit to simple **Library** maintenance once a week. This position would involve returning books to their proper place on the shelves, general straightening up and wiping down tables. I am available on:

\_\_\_\_\_ Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_ Thursdays \_\_\_\_\_ Fridays

\_\_\_\_\_ I would like to assist the **maintenance** staff in any way that I can. I am available on

\_\_\_\_\_ Mondays from \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ Tuesdays from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Wednesdays from \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ Thursdays from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Fridays from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ I have a trade or skill (such as photography or computer knowledge or a technology) that I think might make an excellent elective for the High School students. I would like to complete an application to see if my skill is one CAWNY would be interested in teaching to its students. Please contact me.

My skill is \_\_\_\_\_.

\_\_\_\_\_ I didn't see anything that really applies to me. I feel I am gifted by God in the area of \_\_\_\_\_.  
I would like to receive more information on areas at CAWNY to which I can contribute on a routine basis.

\_\_\_\_\_ Because I work full-time, either at home with small children or outside the home, I cannot help on a daily basis. But, on occasion when the school needs my help in the area of: \_\_\_\_\_,  
please call me to help.

\_\_\_\_\_ Due to physical limitations, I am unable to physically help at the school. I will, however, commit to praying for the students' spiritual growth every week at the same time. Day of the week: \_\_\_\_\_  
Time: \_\_\_\_\_

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