



CHRISTIAN ACADEMY OF WESTERN NEW YORK

Application for Tuition Assistance for 2026-27 School Year

PLEASE NOTE: If you are approved for tuition assistance, an adult member of your household will be required to volunteer at CAWNY. The number of hours you must volunteer will be determined by the amount of tuition assistance you receive.

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

To be considered for tuition assistance, **your family's previous year's Federal tax returns (and Bison Fund email, if applicable) 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.

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 2025-26 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? ☐ Yes ☐ No ☐ Maybe, I will speak with him/her about contributing.

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: ____
☐ Name: _____ Age: ____ Grade: ____ ☐ Name: _____ Age: ____ Grade: ____

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

Name: _____ Age: _____

1. What is the total cost of tuition for this student each year? \$ _____
2. What amount of out-of-pocket funds does your family provide to cover his/her college tuition each year? \$ _____
3. Does this student rely on you primarily for their daily living expenses? ☐ Yes ☐ No
4. Does this student have a ☐ full-time job or a ☐ part-time job?

Name: _____ Age: _____

1. What is the total cost of tuition for this student each year? \$ _____
2. What amount of out-of-pocket funds does your family provide to cover his/her college tuition each year? \$ _____
3. Does this student rely on you primarily for their daily living expenses? ☐ Yes ☐ No
4. Does this student have a ☐ full-time job or a ☐ part-time job?

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 scholarship from Bison Fund this upcoming year.

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 scholarship from Bison Fund this upcoming year.

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.

Reminder to Returning Families – a copy of the email from Bison Fund acknowledging your application must be attached to this form. If it is not, this form will be returned to you, which may cause your family to miss important deadlines.

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, alimony, 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: _____

Christian Education

Please understand that CAWNY is 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 your family could afford to pay in tuition. \$ _____ per month

After your information is reviewed, if your family does not qualify for tuition assistance or you would like to appeal the amount of tuition assistance you received, due to a financial strain or extenuating circumstances, you may request a meeting with the CAWNY Board.

PLEASE NOTE: Applications will *not* be reviewed unless ALL sections are completed, and the previous year's FEDERAL income tax returns are attached, including the Bison Fund email, if applicable.

PLEASE NOTE: If you are approved for tuition assistance, an adult member of your household will be required to volunteer at CAWNY for a number of hours to be determined by the administration. The assignment and number of hours will be included in your contract.

Please ask the Lord to show you how you can contribute to CAWNY to offset the tuition assistance that you are receiving.

Household Adult

Complete a form for each adult living in the household.

Name: _____ Title: _____ Date: _____

Check all that apply.

_____ I am able to volunteer during elementary/MS/HS lunch time. I am available on:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Elementary ☐ MS/HS ☐ Both

_____ I will complete an application to be considered as a Volunteer Substitute Teacher. If approved, my name will be added to the Volunteer Substitute Teacher list.

I can substitute for _____ Elementary _____ Middle School _____ High School

_____ I am able to assist the maintenance/cleaning staff. I am available on

☐ Mondays from _____ to _____ ☐ Thursdays from _____ to _____
☐ Tuesday s from _____ to _____ ☐ Fridays from _____ to _____
☐ Wednesdays from _____ to _____

_____ I am able to volunteer in a classroom, as needed (working with students, assisting teachers)
_____ Elementary _____ MS/HS

_____ I have a trade or skill (life skills, home & careers, coding, photography, ASL, 3D art etc.) that I think might make an excellent elective for the high school students. I would like to complete an application to see if my skills are one CAWNY would be interested in teaching to its students.

Please contact me. _____

My skill is: _____

_____ Other volunteer options outside of school hours (approved by administration)

PLEASE NOTE: If you are approved for tuition assistance, an adult member of your household will be required to volunteer at CAWNY for a number of hours to be determined by the administration. The assignment and number of hours will be included in your contract.

Please ask the Lord to show you how you can contribute to CAWNY to offset the tuition assistance that you are receiving.

Household Adult

Complete a form for each adult living in the household.

Name: _____ Title: _____ Date: _____

Check all that apply.

_____ I am able to volunteer during elementary/MS/HS lunch time. I am available on:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Elementary ☐ MS/HS ☐ Both

_____ I will complete an application to be considered as a Volunteer Substitute Teacher. If approved, my name will be added to the Volunteer Substitute Teacher list.

I can substitute for _____ Elementary _____ Middle School _____ High School

_____ I am able to assist the maintenance/cleaning staff. I am available on

☐ Mondays from _____ to _____ ☐ Thursdays from _____ to _____
☐ Tuesday s from _____ to _____ ☐ Fridays from _____ to _____
☐ Wednesdays from _____ to _____

_____ I am able to volunteer in a classroom, as needed (working with students, assisting teachers)
_____ Elementary _____ MS/HS

_____ I have a trade or skill (life skills, home & careers, coding, photography, ASL, 3D art etc.) that I think might make an excellent elective for the high school students. I would like to complete an application to see if my skills are one CAWNY would be interested in teaching to its students.

Please contact me. _____

My skill is: _____

_____ Other volunteer options outside of school hours (approved by administration)