

# Alpine Christian School

## Tuition Assistance Application

*Updated: May 15, 2024*

By completing this form, the family recognizes that personal financial information is required for financial assistance consideration. This information is used by ACS Finance Committee in making an estimation of financial need.

Copies of the following documents are **required** for tuition assistance consideration:

- A copy of the most recent federal tax return for any and all legal guardians (i.e. form 1040 or 1040EZ).
- Last two pay stubs for any and all legal guardians.
- Any other documentation validating your tuition assistance request.
- Letter stating circumstances that financial aid is being requested and amount per month the household can pay.

**Part A – To be completed by parent/guardian of student(s):**

**Student Information:**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_

**SIBLINGS not at ACS:**

Name	Age	Grade

**Parent/Guardian Information\*:** \*If parents of the student(s) are divorced or separated, please indicate accordingly.

Father /Guardian First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State Zip: \_\_\_\_\_  
 Church Membership: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 Mother/Guardian First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State Zip: \_\_\_\_\_  
 Church Membership: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Other Phone # \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

How are you able to serve/volunteer at Alpine Christian School? \_\_\_\_\_  
 \_\_\_\_\_

Please review and carefully complete the following information. Please note that **ALL** payment plans are subject to the approval of the ACS Finance Committee.

Family Account Name: \_\_\_\_\_

**Payment Plan Information: (Please check appropriate box)**

- Annual 5% “prepayment” discount: Pay **FULL** tuition charges for the 2024-2025 school year by August 20, 2024 and you will receive a 5% discount. FACTs annual fee per family account for full payment \$30.
- Standard ten-month payment plan due on the first of each month, August 15, 2024 – May 1, 2025. FACTs annual fee per family account is \$55.

**Part B- To be reviewed by the parent/guardian of student(s):**

**Tuition Assistance**

This need-based aid is available to those families who earn less than \$60,000 (one full-time ACS student), \$65,000 (two full-time ACS students) or \$70,000 (three or more full-time ACS Students). All income amounts are combined family income (gross income) and must be verified by federal tax forms, paystubs, etc.

**Tuition**

Tuition for the school year is billed on a monthly basis. A financial agreement is developed to outline the monthly payments. The standard payment plan is ten monthly payments, August-May. Failure to pay your portion of the tuition as stated in the family financial agreement will result in student(s) being withdrawn from school.

**Outside Support**

Typically, any financial assistance from outside Alpine Christian School will be added to whatever financial aid comes from the Worthy Student Fund. If however, a student receives financial support from outside the Worthy Student Fund at a rate of greater than 60% tuition, that student will not be eligible for the aid described in this document from Alpine Christian School. The major goal of this financial aid plan is to enable as many students as possible to afford a high-quality Adventist education.

**Dishonesty**

Any student or family found to have engaged in dishonesty in the process of obtaining financial aid will, at a minimum, lose any aid received as a result of the dishonesty and may be excluded from all Alpine Christian School aid of any kind. To be clear, any previously-awarded aid based on false documents/information must be repaid. Dishonesty violates the spirit of good faith and simply is not acceptable.

**Definitions**

- A “full-time (FT)” student is a student who is incurring the full tuition charges.
- “Regular citizenship status” means that the student must maintain regular attendance per academic term and must not engage in unacceptable behaviors.
- Students must maintain a “C” average.

**Fee Schedule (K-8):**

Registration Fee: \$440 (\$390 for early registration paid by June 15, 2024)

\*Registration fee is **per child** and is to be **paid in full** for each child before admission to ACS. Registration fee covers the cost of books, workbooks, most classroom supplies, student insurance, achievement testing, and library materials.

<b>Registration Fee:</b>		<b>Early Registration Fee:</b>	
1 student	\$440	1 student	\$390
2 students	\$880	2 students	\$780
3 students	\$1,320	3 students	\$1,170
4 students	\$1,760	4 students	\$1,560

**Monthly Tuition Payments (K-8)**

<b>Non-Constituent Church Family Tuition:</b>		<b>Constituent Church Family Tuition:</b>	
1 student	\$410 x 10 = \$4,100	1 student	\$372 x 10 = \$3,720
2 students	\$712 x 10 = \$7,120	2 students	\$651 x 10 = \$6,510
3+ students	\$957 x 10 = \$9,570	3+ students	\$869 x 10 = \$8,690

Family Account Name: \_\_\_\_\_

**Part C: To be completed by parents/guardians responsible for student(s):**  
**FAMILY INCOME AND EXPENSES:**

Monthly Net (take home) Income:		Monthly Expenses:	Monthly Payment	Original Amount	Balance Due
Wages:	\$	Tithe:			
Social Security (parent):	\$	Mortgage or Rent:			
Pension:	\$	Vehicle(s):			
Child Support:	\$	ComEd:			
Investments:	\$	Nicor:			
Welfare Benefits:	\$	Other Utilities:			
Food Stamps:	\$	Phones:			
Veterans Benefits:	\$	Internet/TV:			
Social Security (student):	\$	Insurance:			
Other Income:	\$	Credit Card (s)			
Other Income:	\$	Medical			
Other Income:	\$	Food:			
		Other:			
		<b>TOTAL:</b>			

**ALPINE CHRISTIAN SCHOOL**  
**Application for Tuition Assistance**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

We would like to send our child(ren) to Alpine Christian School. We understand that Financial Aid will only be applied once our portion of the bill has been paid. We also understand that the remaining balance, after our registration payment, will be divided into ten equal monthly payments (August to May, unless otherwise arranged with the ACS Finance Committee). *We certify that all of the information in this application is true and correct to the best of our knowledge. We have attached a copies of our previous year US Tax form and additional documents as required.*

We understand that we will forfeit Financial Aid if we do not fulfill our part of this agreement or if the conditions & requirements printed in our financial agreement are not met.

Father/Guardian Signature \_\_\_\_\_ Printed: \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Printed: \_\_\_\_\_

**FOR FINANCIAL COMMITTEE USE ONLY**

Family Size		
Number Children in ACS		
Monthly Income		
Monthly Expenses		
Family Discounts		
Other		
	<b>TOTAL</b>	

ACS Finance Committee Recommendation: \_\_\_\_\_

ACS Board Vote: \_\_\_\_\_ DATE: \_\_\_\_\_ Monthly Financial Aid Amount Approved: \_\_\_\_\_

Family Account Name: \_\_\_\_\_

(to be completed by ACS Treasurer)  
**ACS 2024-2025 Financial Agreement**

Between \_\_\_\_\_ and Alpine Christian School

Student(s) covered under this agreement:

- \_\_\_\_\_
- \_\_\_\_\_
- Responsible Parent/Guardian for Billing: \_\_\_\_\_
- Billing address: \_\_\_\_\_
- Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment schedule** (due on dates indicated; there is a 10-day grace period before late fees apply):

Registration Fee Paid Amount/Date: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> August 15, 2024: \$_____  | <input type="checkbox"/> September 1, 2024: \$_____ |
| <input type="checkbox"/> October 1, 2024: \$_____  | <input type="checkbox"/> November 1, 2024: \$_____  |
| <input type="checkbox"/> December 1, 2024: \$_____ | <input type="checkbox"/> January 1, 2025: \$_____   |
| <input type="checkbox"/> February 1, 2025: \$_____ | <input type="checkbox"/> March 1, 2025: \$_____     |
| <input type="checkbox"/> April 1, 2025: \$_____    | <input type="checkbox"/> May 1, 2025: \$_____       |

Details of this agreement:

- The family ACS and ACP account must be kept current (paid as agreed each month). Accounts that become delinquent by a month or more will lose their eligibility for financial assistance and this agreement will become null and void. Re-application may be completed when delinquent balance is paid in full.
- Financial Aid will only be applied once your portion of the bill has been paid.
- Any reduction in tuition provided by the Alpine Christian School must be matched by worthy student funds from the home church of the student in a dollar for dollar amount.
- All students receiving financial assistance must maintain a C average or higher report card and maintain acceptable conduct. Students whose grade average drops below this minimum or who are subject to disciplinary action lose additional financial assistance at the discretion of the ACS Finance Committee’s recommendation to the ACS School Board.
- Families granted assistance are required to provide volunteer support to the school. You have agreed to assist in the areas of \_\_\_\_\_.

*I understand that I am financially responsible for the above payments.*

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Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*I agree to this financial agreement as stated above, on behalf of Alpine Christian School.*

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Signature of ACS Chairperson \_\_\_\_\_ Date \_\_\_\_\_ ACS Treasurer \_\_\_\_\_ Date \_\_\_\_\_  
Family Account Name: \_\_\_\_\_

Family Account Name: \_\_\_\_\_