



Kodiak Christian School

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www.kodiakchristianschool.com

Financial Assistance Application

Names of Parents/Guardians: _____ Date: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____

Number of children living at home: _____

Child(ren) Enrolled at Kodiak Christian School, Grades Preschool-8th grade

Name	Grade Entering	Tuition Amount
1.		
2.		
3.		
4.		
5.		
Tuition Total		

Father's Employer: _____

Mother's Employer: _____

Financial Circumstances:

What family circumstances or hardships have you experienced in the past year that has a direct bearing on your ability to pay the total tuition? Are these temporary hardships?

When do you foresee being able to pay full tuition?

Do you currently have an unpaid tuition balance at KCS? _____ Amount? _____

Have you requested financial aid for tuition from your church? _____

Have you asked family or friends for assistance? _____

Monthly Income:	Please list other income and amounts (i.e. PFDs)
Father's Monthly Income: _____	_____
Mother's Monthly Income: _____	_____
Other Monthly Income: _____	_____
Total Monthly Income:	_____

Monthly Expenses:

Tithe: _____

Mortgage/Rent: _____

Water/Sewer/Garbage: _____

Electrical: _____

Heating Fuel: _____

Food: _____

Clothing: _____

Vehicle Payment(s): _____

Vehicle Insurance: _____

Vehicle Fuel/Maintenance: _____

Telephone: _____

Cable/Internet: _____

Medical Insurance: _____

Life Insurance: _____

Medical/Dental: _____

Activities/Entertainment: _____

Student Lessons: _____

Family Miscellaneous: _____

Savings/Investments: _____

Credit Card Payments: _____

Loan Payments (i.e. student): _____

Total Monthly Expenses:

Provided by Employer:(please check all that apply)

- Housing
- Utilities
- Transportation
- Medical

Current Assets:

Cash Available: _____

Stocks/Bonds: _____

Real Estate: _____

Cars/Boats/Etc.: _____

Current Liabilities:

Home Mortgage: _____

Student Loans: _____

Credit Cards: _____

Vehicle Loans: _____

Other: _____

**Of the total tuition I feel that I can pay
\$_____ per month.**

*I certify the information on this application represents my true financial status.
If awarded aid, I shall endeavor to notify Kodiak Christian School of any changes in my ability to pay tuition.*

Father/Guardian

Date

Mother/Guardian

Date