



# Student Aid Application 2020-2021

**\*\* IMPORTANT \*\* A copy of pages 1 and 2 of your 2019 IRS 1040 Income Tax Return  
must be submitted with this application.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ -Dormitory  
-Community

Please provide the following information regarding the person financially responsible for this Student:

Name(s): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Please list all adults and dependent children living in the same household of person financially responsible:

Name	Relationship to student	Grade	School Attending	Yearly tuition

What is the total amount of the Household's gross income from your 2019 Tax Return: \$ \_\_\_\_\_

Do you receive other financial support not included on the IRS Form 1040? -Yes -No If yes, list **other income**:

Source of Income	Monthly Amount
Child Support	\$
Family Assistance	\$

Source of Income	Monthly Amount
Unemployment	\$
Other:	\$

I am pleased to invest MONTHLY in my student's Christian education in the amount of: \$  
*(Actual family financial responsibility will be determined once financial plan is completed)*

*Please enclose any statement you wish to provide to the Committee regarding special circumstances or hardships in this household that should be considered in determining the Student Aid for this student.*

I CERTIFY that the information I have provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of person responsible for this account \_\_\_\_\_  
Date

**All blanks must be filled-in for application to be considered. Return to the finance office:**

Mr. Stephen Learned, Fletcher Academy, PO Box 5440, Fletcher, NC 28732  
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