



ABUNDANT LIFE CHRISTIAN SCHOOL
4901 E BUCKEYE RD
MADISON, WI 53716

Variable Tuition Application

Financial information will be kept confidential and reviewed only by the Finance Manager and financial review committee for eligibility. You will receive a prompt response to this application (typically within one week). If you are eligible for any assistance, you will be provided an award letter which includes a Variable Tuition and/or Tuition Assistance Acceptance Form which must be returned to the Finance Manager to claim your benefit.

Please answer each question. Incomplete forms will be returned, causing a delay in the application process. Applications for Variable Tuition/Tuition Assistance must be completed annually. If you have any questions, please feel free to call the Business Office for assistance. Phone: (608) 221-1520.

SECTION A: DEMOGRAPHIC DATA FOR HOUSEHOLD COMPLETING THIS FORM

Parent/Guardian Name (please include full first and last name)

Complete Address (city, state and zip code)

Best phone number to reach you during daytime hours.

Email Address

SECTION B: STUDENT INFORMATION

Number of students attending (planning to attend) Abundant Life Christian School) _____

Student Name(s)

Grade Level

_____	_____
_____	_____
_____	_____
_____	_____

1. Are you able to claim the student(s) for whom you are requesting Variable Tuition and/or Tuition Assistance on your tax return? If no, please explain:
2. Are all students permanent/legal residents of the U.S.?
 YES NO (if no, explain below)

Do you wish to apply for additional TUITION ASSISTANCE above and beyond the VARIABLE TUITION subsidy?

- NO – *STOP HERE AND SUBMIT THIS FORM*
 YES – If yes, please complete rest of application
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SECTION C: ADDITIONAL PRIMARY HOUSEHOLD INFORMATION

1. Have you lived at the address listed above more than two years? If no, please provide the complete address of previous residences.

_____ From (mm/dd/yy) _____ To (mm/dd/yy) _____ Complete address (city, state and zip code)

_____ From (mm/dd/yy) _____ To (mm/dd/yy) _____ Complete address (city, state and zip code)

2. Do you provide 50% or more of the financial support for the student(s)? YES NO
3. Do both parents/guardians reside in this household?
 YES (skip to SECTION E)
 NO (complete SECTION D)

SECTION D: DEMOGRAPHIC DATA FOR SECONDARY HOUSEHOLD

Parent/Guardian Name (please include full first and last name)

Complete Address (city, state and zip code)

Phone Number

Email Address

1. Will anyone in the household reported in SECTION D be responsible for any portion of the student's tuition or fees?

YES (complete the rest of SECTION D)

NO (skip to SECTION E)

2. What portion/percentage (e.g. 25%, 50%) of support will the household reported in SECTION D provide for the following areas?

Registration _____ Tuition _____ Lunch _____ Gen Fees (athletic fees, field trips, etc.) _____

SECTION E: FINANCIAL INFORMATION FOR PRIMARY HOUSEHOLD COMPLETING THE APPLICATION

1. For the household completing this application, please complete the following information:

Father/Legal Guardian's Occupation _____

Father/Legal Guardian's Employer _____

Father/Legal Guardian's Monthly Income \$ _____

Mother/Legal Guardian's Occupation _____

Mother/Legal Guardian's Employer _____

Mother/Legal Guardian's Monthly Income \$ _____

2. Please list any other income amount or type received by this household:
3. Please state any important information regarding the previous year's wages and projected income for the coming year.

IMPORTANT – PLEASE ATTACH A COPY OF YOUR MOST RECENT TAX RETURN

Tuition Assistance above the Variable Tuition Subsidy cannot be considered if this information is missing.

I certify that all statements on this application are true, complete and accurate to the best of my knowledge.

Signature of Parent/Legal Guardian

Date