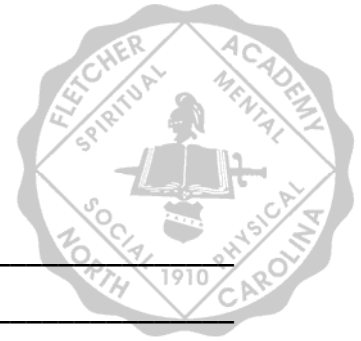


# Financial Assistance Application

Fletcher Academy



Student's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Housing (circle one):      Dorm      Village

Parent/Guardian Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Parent's Current Occupations: \_\_\_\_\_

How much can you commit to pay toward the school bill on a monthly basis? (*I understand that I will need to make 12 payments of this amount per year*) \_\_\_\_\_

Can your church, relative, or friend help with the bill and, if so, how much per month or year?

Name of Church:		\$	Per	Month		Year
Name of Relative:		\$	Per	Month		Year
Name of Friend:		\$	Per	Month		Year
<b>TOTAL</b>		\$	Per	Month		Year

Please explain anything that would be helpful for us to know about your financial need and ability to pay. You may attach another paper if the lines below are not sufficient.

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***Please read the Financial Assistance Guidelines for receiving, and continuing to receive, financial assistance.***

***By signing below I confirm that the information given in this application is correct to the best of my knowledge.***

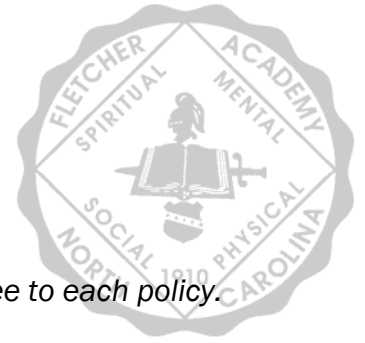
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this application and a copy of your most recent federal tax filing to:

Fletcher Academy, Attn: Student Finance Committee, PO Box 5440, Fletcher, NC 28732

# Financial Assistance Guidelines

Fletcher Academy



## **\*Parent and Student:**

Please initial line marked with a \* to indicate that you understand and agree to each policy.

- To be considered for financial assistance from Fletcher Academy, applicants must fill out a financial assistance application and return it to the office with a copy of their most recent federal tax filing prior to the beginning of the school year or the student's first day of school.  
Parent: \_\_\_\_\_\*      Student: \_\_\_\_\_\*
  
- The registration fee and first month's tuition (including dorm and cafeteria fees if the student is staying in the dormitory) must be paid in full at registration.  
Parent: \_\_\_\_\_\*      Student: \_\_\_\_\_\*
  
- Students receiving financial assistance must work at least one half of the home leaves. These will be assigned by the work supervisor. The student must also be willing to work on campus for a minimum of 10 weeks during the summer.      Parent: \_\_\_\_\_\*      Student: \_\_\_\_\_\*
  
- In applying for financial aid, the finance committee will consider the amount the parent can pay, the amount their church will agree to pay, and the amount the student has the **potential** of earning. If a student is under 16, they will be expected to work 18 hours a week. If the student is 16 or older, they will be expected to work 24 hours a week. To do this, the student will have to work every other weekend.      Parent: \_\_\_\_\_\*      Student: \_\_\_\_\_\*
  
- If the student has additional charges, or fails to work the needed hours, the parent is responsible for the extra amount as well as their original commitment.  
Parent: \_\_\_\_\_\*      Student: \_\_\_\_\_\*
  
- Students receiving financial aid may not pull cash out of their account unless it is earned under the cash incentive program offered at some of our industries.  
Parent: \_\_\_\_\_\*      Student: \_\_\_\_\_\*
  
- Financial assistance is granted for one school year only. A new application must be completed for each additional year of need.      Parent: \_\_\_\_\_\*      Student: \_\_\_\_\_\*

**I understand and agree to follow the guidelines listed above to receive financial assistance.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_