

# SHORE CHRISTIAN ACADEMY

Post Office Box 28, 36076 Lankford Highway  
Belle Haven, VA 23306  
www.shorechristianacademy.org  
(757)442-9791



Dear Parent or Guardian,

Thank you for your request for a **Tuition Assistance Application** for the 2024-2025 school year. We appreciate your interest in Shore Christian Academy.

Your completed Tuition Assistance Application **must include all** of the following items:

- Completed Tuition Assistance Application
  - Section I: Household Information
  - Section II: Financial Need
  - Section III: Family Financial Statements
  - Section IV: Relationships
  - Section V: Statement of Understanding
- Signed Certification Section
- Completed and signed copy of filed IRS Form 1040 tax return for the past year. (Include Schedules A (Itemized Deductions), C (Self Employed), and E (Income Property))
- Copy of W2 forms corresponding to submitted IRS 1040

All items must be submitted to the school office before your application is considered. Incomplete applications will **STOP** the process.

Tuition assistance concludes at the end of each school year or sooner (if the recipients' financial conditions improve substantially). A new application is required for renewal but will not be considered until the previous year has been paid for in full.

**The deadline for the completed application is Friday, April 26, 2024.**

Sincerely,

SCA School Board

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## 2024-2025 Tuition Assistance Application

**This process is confidential. Your responses will be seen only by the Tuition Assistance Committee. Please write legibly. Note: Completion of the application does not guarantee financial assistance.**

### Section I: Household Information

Student(s) Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Please provide the requested information for all family members or dependent relatives living in the same household as the applicant.

Name	Family Relation	Age	Grade/Occupation

### Section II: Financial Need

**Please use figures based on the current year's tuition rates and your family's budget.**

Total Monthly Tuition & Fees (Include Total of all Students Enrolling)	\$
Amount I/We Can Pay Each Month (Based on 11 Months)	\$
Amount of Monthly Assistance I/We are Requesting	\$

Shore Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to the students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and other school-administered programs.

## Section III: Family Financial Statement

Please use figures from your most recent tax year filing.

### Income, Earnings, and Benefits (Do not leave blanks. For zero values, enter "0")

	Parents
Most Recent Tax Form Filed (1040, 1040EZ, etc.)	
Total Number of Exemptions Claimed	
Adjusted Gross Income	\$
Income Tax Paid	\$
Income Earned from Work	\$
Social Security Benefits	\$
Temporary Assistance for Needy Families (TANF)	\$
Child Support Received	\$
Other Income and Benefits	\$

### Asset/Liability Information (Do not leave blanks. For zero values, enter "0")

	Parents
<b>Assets:</b>	
Cash, Savings, Checking, CD Accounts, etc.	\$
Stocks, Bonds, Trusts, Mutual Funds, 401, IRA, etc.	\$
Business Value (include property owned/assets)	\$
Real Estate and Investment Assets- (market value) List all	\$
<b>Liabilities:</b>	
Real Estate and Investment Debts	\$
Business Loan Debt	\$
Primary Residence Mortgage (approximate balance owed)	\$
List Year/Make of Automobiles (owned or leased)	Amount Owed
	\$
	\$
List Year/Make of RV's, Campers, Boats, Motorcycles, etc.	Amount Owed
	\$

Is either parent unemployed at this time? \_\_\_\_\_ If yes, when do you expect to be recalled or find new work? \_\_\_\_\_

Is either parent disabled and unable to work? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you foresee any significant changes to your financial status during the coming year? Please indicate why there might be a change in income. (Include possible raises, bonuses, extra commission, loss of income, etc.) \_\_\_\_\_

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Is there an extended family member, grandparent, parent, or close relative who could help you during this time of financial need? \_\_\_\_\_ If yes, has the person been contacted? \_\_\_\_\_ If yes, what was the result? \_\_\_\_\_

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For returning families, please describe your past payment history with Shore Christian Academy.

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There are times when you may not be able to fully explain your situation by putting numbers in the spaces provided. Please use this space to further explain any special or unusual circumstances that the Tuition Assistance Committee should be aware of when considering your application. You may attach additional sheets as necessary.

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### **Section IV: Relationships**

Please use separate paper if needed.

Please describe your current or anticipated relationship with Shore Christian Academy as a parent:

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What church do you and your child(ren) attend with regularity? \_\_\_\_\_

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Describe your family's involvement in your church: \_\_\_\_\_

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## **Section V: Statement of Understanding**

**Please read each statement carefully.**

1) Completion and submission of a Tuition Assistance Application does not guarantee enrollment or assistance to attend Shore Christian Academy.
2) If the application is incomplete, the application process <b>will be stopped</b> . It is your responsibility to ensure that all required documents are submitted to the school office.
3) I/(we) hereby authorize the Tuition Assistance Committee to verify any and all information contained in this application and to make such additional inquiries as reasonably related to information supplied on this application form. I/(we) also agree that such information, along with this completed application with its attachments, shall remain the property of the school. Falsification of any information will disqualify applicants for tuition assistance.
4) Tuition Assistance Applications are judged <b>primarily on financial need</b> . Other information will be used as secondary considerations. <b>All decisions are final</b> .
5) Tuition assistance is provided <b>as a benevolence of Shore Christian Academy</b> . Current receipt of tuition assistance is not a guarantee of future receipt.
6) If the Lord supplies our family with increased income during the school year, we promise to notify the school so that tuition aid can be lowered or discontinued and other families in need may benefit.
7) We understand that Shore Christian Academy reserves the right to suspend or terminate the Tuition Assistance Program at any time with written notification to those recipients who violate or misuse the privileges or policies of the program. The program may also be suspended or terminated at the end of any grading period in the event of a school financial emergency or the depletion of Tuition Assistance funds.
8) Tuition assistance concludes at the end of each academic year. You must request a new application for each academic year. Applications will not be considered until any outstanding tuition balance has been paid in full.

### **Additional Information**

Our school cannot legally require recipients of tuition assistance to donate their services or work a certain number of hours unless the process is called a work-study program and the value of traded tuition is reported as income to the IRS. However, parents can volunteer their services. Savings to the school from donated services helps ensure continuation of this program. What gifts, abilities, or areas of interest have you volunteered with before and what can you volunteer to offer the school this year?

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## Certification

I certify that the information provided in this Tuition Assistance Application is true and correct to the best of my knowledge. I understand that any falsified information will make me liable for fraud and I agree to pay all reasonable attorney fees incurred by Shore Christian Academy as a result of fraud or misrepresentation.

I have read and agree with the **Statement of Understanding**.

If I am applying due to loss of employment, I agree to contact the school office upon any change in employment status. I understand that tuition assistance may be adjusted as a result of such change.

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Committee Use:

Date Completed Application Received	
Approved for Tuition Assistance	Yes                  No
If yes, amount authorized	\$
Notes:	
School Board Member Signature:	
Date:	

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