



PRIVATE PAY SCHOLARSHIP APPLICATION

Private pay tuition at McAdams Academy is \$200/month, however scholarship assistance may be available. This process requires a Scholarship Application to be filled out by the parent/guardian. The financial department will then determine if assistance is able to be provided.

Part 1. Total Household Gross Income (before taxes)

Name (List everyone in household)	List gross income (before taxes) and how often it is received <i>Example: \$100/monthly -or- \$100/every other week -or- \$100/weekly</i>				Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Any Other Income	
	How Often?	How Often?	How Often?	How Often?	
1.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
7.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
8.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 2. Financial Contribution

As the parent/guardian, I am able to pay approximately \$ _____ per month for my student's tuition.

Part 3. Parent / Guardian Signature

I certify (promise) that all information on this application is true. I understand that if I purposely give false information, my student may lose scholarship benefits.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Part 4. For office use only

Monthly Gross Income: _____ Household size: _____ Denied Approved at \$ _____/mo.

Determining Staff's Signature: _____ Date: _____

Part 5. To be filled out with parent/guardian and Finance Director

As the parent/guardian of _____, I agree to pay McAdams Academy at the rate of \$ _____ per month for tuition and fees. This amount is to be paid on the **1st of each month** for the following month. Payment options are cash, check, or online at mcadamsacademy.org/tuition. If I am unable to make said payment, I will inform McAdams Academy to determine if payment arrangements can be made. If payment arrangements cannot be made and met, my student will be dismissed from the program. If satisfactory payment is made after dismissal, my student will be placed on the wait-list with no guarantee of re-enrollment.

In the event that scholarship funds become exhausted, I understand this rate may be re-evaluated at any time.

Parent/Guardian Signature _____ Date _____

If you have any questions, please contact the Finance Director or the main office at 316-239-6472.