



**Salem Christian Academy**

430 Rockford Rd. Dobson, NC 27030

PH 336-374-1525

[www.scadobson.com](http://www.scadobson.com)

## ***Tuition Assistance Application***

### OFFICE USE ONLY

Date Applied: \_\_\_\_\_ Date: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Middle Last

Student is entering what grade: \_\_\_\_\_

Amount of Assistance Received in Past Years: \_\_\_\_\_

### Father/Guardian Information

Father/Guardian Name (Last, First, Middle)

Home Address (Number, Street, City, State, Zip)

Home Phone

Cell Phone

Work Phone

Email Address

Employer Name

Occupation

### Mother/Guardian Information

Mother/Guardian Name (Last, First, Middle)

Home Address, if different from Father/Guardian (Number, Street, City, State, Zip)

Home Phone

Cell Phone

Work Phone

Email Address

Employer Name

Occupation

## Dependent Information

Please list all children in family/household

Last Name	First Name	Age	2022-2023 Grade	School

## Tuition Assistance

Please provide a brief explanation of any circumstances that hinder your ability to pay full tuition.

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Household Income:	\$15,000 – \$20,000	_____	\$36,000 - \$40,000	_____
	\$21,000 – \$25,000	_____	\$41,000 - \$45,000	_____
	\$26,000 - \$30,000	_____	\$46,000 - \$50,000	_____
	\$31,000 - \$35,000	_____	\$51,000 - \$55,000	_____
			\$56,000 plus	_____

Monthly Expenses:

Mortgage/Rent \$ \_\_\_\_\_

Utilities:

WPS \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_

Medical Bills \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

Why do you desire for your child to attend Salem Christian Academy? \_\_\_\_\_

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What are your financial expectations from our school? \_\_\_\_\_

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Any additional comments:

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Last year's income (12months; Jan.-Dec.) \_\_\_\_\_

Current year income (12 months: Jan. – Dec.) \_\_\_\_\_

Next year's projected income (12 months: Jan. – Dec.) \_\_\_\_\_

Child support (yes/no) \_\_\_\_\_ How much? \_\_\_\_\_

Do you receive adoption and/or foster care assistance? \_\_\_\_\_

If so, how much annually? \_\_\_\_\_

If so, is this included in the amount you listed as household income? \_\_\_\_\_

**In order to be considered for Tuition Assistance, your application must include a copy of your recent tax forms and/or W2's, and/or additional documents as requested by the SCA Scholarship Committee. Please provide a list of your child's transcripts from their current school (if applicable) when submitting this application.**