

Student Name _____

ID # _____

We would like to send our child to Andrews Academy if sufficient aid is available. We can sacrificially pay the amount listed below for this school year, with the first monthly payment to be made on or prior to August 4, 2025. We assume the responsibility of the remaining portion of the bill after Financial Aid is credited. We also understand that the remaining balance, after our initial payment, will be divided into nine equal monthly payments from September to May, unless otherwise arranged with the Accounts Manager. **We certify that all of the information in this application is true and correct to the best of our knowledge. We have attached a photocopy of our 2024 US Income Tax forms and/or equivalent papers.** Form must be thoroughly completed to be considered.

We understand that we will forfeit Financial Aid if we do not fulfill our part of this agreement or if the conditions and requirements printed on the Tuition Estimate form are not met.

Amount promised to be paid in 2025-26: \$ _____

First monthly payment due at registration: \$ _____

Parent/Guardian's Signature _____

Date _____

Spouse's Signature _____

Date _____

*Office Use Only***Documents Needed:****Date Received**☐ Signed Parent 1040 from 2024

☐ Parent W2s

☐ Other _____

Notes:

GENERAL STUDENT INFORMATION

Student Name _____ ID # _____

Address _____ Phone _____

City/State/Zip _____

DOB _____ Social Security Number _____ Grade Entering _____ Age _____

Country of Citizenship _____ Country of Birth _____ Church Membership _____

STUDENT INCOME INFORMATION> Does the student have summer work? ☐ YES ☐ NO Where? _____> Does the student have work for school year? ☐ YES ☐ NO Where? _____> Is the student eligible to work? ☐ 14+ years ☐ US Citizen/Green Card☐ F-1/F-2 Visa ☐ Other _____

Estimated Summer Earnings \$ _____ Estimated School Year Earning \$ _____ Total \$ _____

SIBLINGS

NAME	AGE	SCHOOL	Tuition	Parent's Contribution
			\$	\$
			\$	\$
			\$	\$
			\$	\$

IDENTIFICATION

	FATHER	MOTHER	GUARDIAN
NAME			
DATE OF BIRTH			
HOME PHONE #			
MOBILE PHONE#			
EMAIL ADDRESS			
SOCIAL SECURITY #			
DRIVER'S LICENSE #			
AU ID #			
CHURCH MEMBERSHIP			

RESIDENCE #1

Address _____

City/State/Zip _____

RESIDENCE #2-If divorced or separated

Address _____

City/State/Zip _____

EMPLOYMENT INFORMATION

	FATHER	MOTHER	GUARDIAN
OCCUPATION			
EMPLOYER			
BUSINESS PHONE			

INCOME AND EXPENSES

MONTHLY NET INCOME		MONTHLY EXPENSES	MONTHLY PMT	ORIGINAL AMT	BALANCE REMAINING
WAGES	\$	HOUSE/RENT	\$	\$	\$
SOCIAL SECURITY PARENT	\$	VEHICLE #1	\$	\$	\$
PENSION	\$	VEHICLE #2	\$	\$	\$
CHILD SUPPORT RECEIVED	\$	CHILD SUPPORT	\$	\$	\$
INVESTMENTS	\$	UTILITIES	\$	\$	\$
WELFARE BENEFIT	\$	PHONE	\$	\$	\$
FOOD STAMPS	\$	INSURANCE	\$	\$	\$
VETERANS BENEFITS	\$	MEDICAL	\$	\$	\$
SOCIAL SECURITY STUDENT	\$	FOOD	\$	\$	\$
OTHER INCOME	\$	CREDIT CARDS	\$	\$	\$
		OTHER	\$	\$	\$
TOTAL	\$	TOTAL	\$	\$	\$

PARENTAL ASSETS

ASSET	PURCHASE PRICE	PRESENT MARKET VALUE
HOME	\$	\$
VEHICLE #1	\$	\$
MAKE/MODEL/YEAR		
VEHICLE #2	\$	\$
MAKE/MODEL/YEAR		
OTHER	\$	\$
MAKE/MODEL/YEAR		
INVESTMENTS (stocks, bonds, or other securities)		\$
BUSINESS (include your share of all business assets)		\$
OTHER REAL ESTATE		\$
CASH, SAVINGS, CHECKING		\$