



CORNERSTONE CHRISTIAN ACADEMY
Student Assistance Application
2025-2026

For Office Use Only: Date received: _____ Fee received: _____ Taxes received: _____
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Current families MUST submit this application along with a \$25 application fee by April 15, 2025, for consideration for the 2025-2026 school year. 2024 Federal Income Tax Return MUST accompany this application.

Family Last Name _____

Student's Name _____
Last First Middle Date of Birth Grade in 2025-26

Student's Name _____
Last First Middle Date of Birth Grade in 2025-26

Student's Name _____
Last First Middle Date of Birth Grade in 2025-26

Student's Name _____
Last First Middle Date of Birth Grade in 2025-26

Student's Name _____
Last First Middle Date of Birth Grade in 2025-26

Other Dependents

Name _____ Age ____ Name _____ Age ____

Name _____ Age ____ Name _____ Age ____

Father

Mother

Name _____

Name _____

Street _____

Street _____

City/Zip _____

City/Zip _____

Preferred Phone _____

Preferred Phone _____

Primary Email _____

Primary Email _____

Employer _____

Employer _____

Position _____

Position _____

Student lives with: Both parents ____ Mother ____ Father ____ Grandparents ____ Guardian ____

Responsible for Tuition: Both Parents ____ Mother ____ Father ____ Other ____

If other, please complete the following information:

Name _____ Phone _____ Relationship _____

Address _____ Email _____

(OVER)

Church Information

Member

Father _____	_____	_____
Church attending	Denomination	Yes/No
Mother _____	_____	_____
Church attending	Denomination	Yes/No
Student(s) _____	_____	_____
Church attending	Denomination	Yes/No

Financial Information

Sources of Annual Income

Employment (Net)	_____	
Investment	_____	
Rental Property	_____	
Gifts	_____	
Child Support	_____	
Other	_____	Amount of tuition assistance Available from other sources (family, church, etc.)
Total Family Income	_____	_____

Please choose one.

- I have attached my 2024 tax return. I have filed for an extension on my 2024 taxes.

Total tuition you are requesting **TO PAY** (for all children) _____

Special Family Circumstances

CCA desires to fairly allocate the resources available to families that need financial assistance. If you are experiencing special circumstances that are placing a financial burden on your family, please describe those circumstances and the extent of the burden in the space below.

It is understood that tuition assistance funds are not readily available and are granted on an annual basis only. By signing below, you agree to support the mission of CCA and fulfill all financial obligations on time as well as communicate any significant changes in your financial situation with our Student Accounts Office.

Both parents must sign (if applicable)

_____	_____	_____	_____
Parent/Guardian	Date	Parent/Guardian	Date

Cornerstone Christian Academy admits students of any race, color, national and ethnic origin, and of either biological sex to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. In addition, the school does not discriminate on the basis of race, color, or ethnic origin in administration of its educational policies and athletic/extracurricular activities. The Academy does, however, reserve the right to deny the admission or discontinue the enrollment of any individual whose pattern of conduct and/or personal lifestyle is not in harmony with the Statement of Faith, mission, philosophy, purpose, and policies of Cornerstone Christian Academy.