

Student Name _____

ID # _____

We would like to send our child to Andrews Academy if sufficient aid is available. We will officially pay the amount listed below for this school year, with the first monthly payment to be made or prior to August 5, 2024. 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 2023 US Income Tax forms and/or equivalent paper Form must be thoroughly completed to be considered.

We understand that we will forfeit Financial Aid if we do not fulfill part of this agreement or if the conditions and requirements

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?

IDENTIFICATION

	FATHER	MOTHER	GUARDIAN
NAME			
DATE OF BIRTH			
HOME PHONE #			
MOBILE PHONE#			
EMAIL ADDRESS			
SOCIAL SECURITY #			

