

2024 – 2025 Financial Assistance Special Circumstance Review Form



Student Name (s)	
Entering Grade(s)	Phone
E-mail	
Parent Name(s)	
Parent e-mail	
Parent Phone (day)	(evening)
relative, medical expenses, change Please explain why the family is concerned it cannot m	icantly affect the families' ability to pay tuition. yment, unexpected illness, family disaster, caring for an elderly in household, foreclosure, natural disaster/home repairs neet the full required tuition. In order to be eligible for K-8th in must be submitted along with the completion of all the following
 supporting household income and expense docu W-2 forms etc.) Forms are due by the <u>deadline of</u> Families that would qualify for funded K-12 Sc. FTC/FES before any additional assistance will be Describe the situation that caused the reduction sheets if necessary). Include the financial impact of 	hool Choice scholarships must apply to Step-Up for Students/
CERTIFICATION	Amount I am able to pay monthly: \$
I/we affirm that all data elements contained on this fo	orm, the <u>FACTS</u> worksheet and online application, and any to the best of my/our knowledge. Upon request I/we will provide iton provided.
Parent(s) / Guardian	Date/
Parent(s) / Guardian	Date/