



EVANGELICAL CHRISTIAN ACADEMY

Office of the Superintendent
4045 Nonchalant Circle South, Colorado Springs, CO 80917

Phone: (719) 574-8065
Fax: (719) 637-0100
E-Mail: jjohnson@ecaeagles.org

Dear Prospective ECA Parent,

Thank you for expressing interest in having your child attend Evangelical Christian Academy. I will be praying that our school is the right fit for your child and that the necessary resources are made available for that to become a reality.

I appreciate that you have asked for financial assistance. Hopefully, provisions for that need are met. We want to be as helpful as possible during this process.

In order for us to work consistently within our systems, I would ask that do the following two things to assist us in the process of lending aid.

1. Please complete the attached Tuition Assistance Application.
2. Please send me a brief letter indicating:
 - a. Your circumstances of need
 - b. The amount of assistance you need or the amount of tuition you can afford to pay on a monthly basis.

You may return these to me at your earliest convenience at the e-mail or postal addresses listed above.

Jennifer Gaines, who works with me in our business office may also be in touch with you as she handles our tuition assistance program. She can be reached at jgaines@ecaeagles.org or 574-0920.

Thank you again for considering Evangelical Christian Academy.

If I can be of further assistance, please do not hesitate to ask.

Sincerely in Christ,

Jim Johnson

Jim Johnson
Superintendent

EVANGELICAL CHRISTIAN ACADEMY
Tuition Assistance Application

Application Date: _____
School Year: _____

The Finance Committee has been authorized by the ECA Board of Directors to grant a maximum of 25% assistance to families based upon need. **All spaces must be completed and copies of your current income tax return must be attached, as well as a current pay stub.** Evangelical Christian Academy does not discriminate on the basis of sex, race, color, national or ethnic origin. This application cannot be considered until all items are complete.

PARENT/LEGAL GUARDIAN NAME: _____
ADDRESS: _____
EMAIL: _____
PHONE: _____
Daytime Evening

CHILD (REN): Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

CHURCH AFFILIATION: _____

1. ASSETS

a. Liquid Assets	\$ _____
Cash on hand & checking account	\$ _____
Savings Account	\$ _____
Mutual Funds, Bonds	\$ _____
Other Liquid Assets	\$ _____
b. Personal Property	\$ _____
Residence (true market value)	\$ _____
Automobiles (book value)	\$ _____
Hobbies/Collections	\$ _____
TOTAL ASSETS	\$ _____

2. LIABILITIES

a. Current Liabilities	
Charge Accounts (Please list balance)	\$ _____
_____	\$ _____
_____	\$ _____
Other Bills Due	\$ _____
_____	\$ _____
Short Term Loans	\$ _____
_____	\$ _____
b. NON-CURRENT LIABILITIES	
Mortgage Balance	\$ _____
Car Loans	\$ _____
Bank/Personal Loans	\$ _____
TOTAL LIABILITIES	\$ _____

3. MONTHLY RECEIPTS AND EXPENSES

c. RECEIPTS

Total Gross Salary \$ _____
 Other Income/Earnings \$ _____

ADJUSTED GROSS INCOME PER LAST FILED
 1040, 1040A, OR 1040EZ \$ _____

d. FIXED EXPENDITURES

Giving/Tithe \$ _____
 Mortgage/Rent \$ _____
 Car Payments \$ _____
 Savings \$ _____
 Auto Insurance \$ _____
 Life Insurance \$ _____
 Payments to Credit Cards/Loans \$ _____
 ECA tuition \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

PLEASE LIST ALL OTHER SOURCES OF TUITION ASSISTANCE THAT YOU HAVE SOUGHT.

Would you be able to do volunteer work for ECA? _____

PLEASE NOTE TUITION PAYMENTS MUST BE KEPT CURRENT TO MAINTAIN SCHOOL SPONSORED ASSISTANCE.

 Signature of Applicant(s)

 Date Signed

<p>SCHOOL BOARD ACTION:</p> <p>Date: _____ Amount Approved: _____ % By: _____ <i>ECA Finance Committee Member</i></p> <p>Date: _____ Reason for Refusal: _____ By: _____ <i>ECA Finance Committee Member</i></p>
