Nevada Christian School
ADVENTIST EDUCATION
Journey *to* Excellence 2.0

Application for Financial Aid

Parent(s) Name:_____

Address: _____

Phone:_____

Email:_____

Registration Fee (per student): **$300**

Tuition (per student): **$775** *per month for* **10** *months*

Total (full tuition amount and registration fee): **$8,050**

Parents will contribute monthly *(minimum of $50)*: _____

Financial aid needed monthly: _____

Total per month: _____

I (we) agree to pay this amount when billed each month. Tuition will be billed in 10 payments (August through May).

_____ _____

Signature Date

_____ _____

Signature Date