

# Alpine Christian School

## Tuition Assistance Application for 2026/2027 School Year

*Updated: May 25, 2026*

By completing this form, the family recognizes that personal financial information is required for financial assistance consideration. This information is used by ACS Finance Committee in making an estimation of financial need.

Copies of the following documents are **required** for tuition assistance consideration:

- A copy of the most recent federal tax return for any and all legal guardians (i.e. form 1040 or 1040EZ).
- Last two pay stubs for any and all legal guardians.
- Any other documentation validating your tuition assistance request.
- Letter stating circumstances that financial aid is being requested and amount per month the household can pay.

### Part A – To be completed by parent/guardian of student(s):

**ACS Student Information:**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Grade: \_\_\_\_\_

**School age SIBLINGS not at ACS:**

Name	Age	Grade

**Parent/Guardian Information\*:** \*If parents of the student(s) are divorced or separated, please indicate accordingly.

**Father /Guardian First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State Zip:** \_\_\_\_\_

**Church Membership:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_

**Mother/Guardian First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State Zip:** \_\_\_\_\_

**Church Membership:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_

How are you able to serve/volunteer at Alpine Christian School? \_\_\_\_\_

Please review and carefully complete the following information. Please note that **ALL** payment plans are subject to the approval of the ACS Finance Committee.

Family Account Name: \_\_\_\_\_

**Part B: To be completed by parents/guardians responsible for student(s):**

**FAMILY INCOME AND EXPENSES:**

<b>MONTHLY Net (take home) Income:</b>		<b>Monthly Expenses:</b>	Monthly Payment	Original Amount	Balance Due
Wages:	\$	Tithe:	\$	n/a	n/a
Social Security (parent):	\$	Mortgage or Rent:	\$	\$	\$
Pension:	\$	Vehicle(s):	\$	\$	\$
Child Support:	\$	ComEd:	\$	n/a	\$
Investments:	\$	Nicor:	\$	n/a	\$
SNAP/State Food Program:	\$	Other Utilities:	\$	n/a	\$
Other State Aid:	\$	Phones:	\$		
Veterans Benefits:	\$	Internet/TV:	\$		
Social Security (student):	\$	Insurance:	\$		
Other Income:	\$	Credit Card (s):	\$		\$
Other Income:	\$	Medical:	\$	\$	\$
Other Income:	\$	Food:			
		Other:			
		Other:			
<b>TOTAL:</b>	\$	<b>TOTAL:</b>	\$		

**Part C- To be reviewed and completed by parent/guardian of student(s):**

**Tuition**

Tuition for the school year is billed on a monthly basis through a platform called FACTs (an annual fee does apply directly to FACTs). A financial agreement is developed to outline the monthly payments. The standard payment plan is ten monthly payments, August-May. Failure to pay your portion of the tuition as stated in the family financial agreement will result in student(s) being withdrawn from school.

**Tuition Assistance**

This need-based aid is available to those families who earn less than \$65,000 (one full-time ACS student), \$70,000 (two full-time ACS students) or \$75,000 (three or more full-time ACS Students). All income amounts are combined family income (gross income) and must be verified by federal tax forms, paystubs, etc.

**Outside Support**

Typically, any financial assistance from outside Alpine Christian School will be added to whatever financial aid comes from the Worthy Student/Financial Aid Fund. If however, a student receives financial support from outside the Student Aid Fund at a rate of greater than 60% tuition, that student will not be eligible for the aid described in this document from Alpine Christian School. The major goal of this financial aid plan is to enable as many students as possible to afford a high-quality Adventist education.

**Dishonesty**

Any student or family found to have engaged in dishonesty in the process of obtaining financial aid will, at a minimum, lose any aid received as a result of the dishonesty and may be excluded from all Alpine Christian School aid of any kind. Any previously-awarded aid based on false documents/information must be repaid. Dishonesty violates the Ten Commandments our faith is based on and is not acceptable.

**Definitions**

- A “full-time (FT)” student is a student who is incurring the full tuition charges.
- “Regular citizenship status” means that the student must maintain regular attendance per academic term and must not engage in unacceptable behaviors.
- Students must maintain a “C” average.

Family Account Name: \_\_\_\_\_

**Payment Plan Information: (Please check appropriate box)**

- Annual 5% “prepayment” discount: Pay **FULL** tuition charges for the 2026-2027 school year by August 20, 2025 and you will receive a 5% discount. FACTs annual fee per family account for full payment \$25.
- Standard ten-month payment plan due on the first of each month, August 3, 2026 – May 3, 2027. Additional FACTs annual fee per family account is \$55.

**Fee Schedule (K-8):**

Registration Fee: **\$475**. Due before admittance to Alpine Christian School. (10% discount for early registration **IF** no outstanding balances from previous school year and new school year forms must be completed and early registration fee **paid by NOON June 19, 2026**).

Registration fee is **per student** and is to be **paid in full** for each student before admission to ACS. Registration fee covers the cost of books, most classroom supplies, student insurance, achievement testing, and library materials.

<b>Registration Fee:</b>		<b>Early Registration Fee:</b>	
1 student	\$475	1 student	\$425
2 students	\$950	2 students	\$855
3 students	\$1,425	3 students	\$1,285
4 students	\$1,900	4 students	\$1,710

**Monthly Tuition Payments (K-8)**

<b>Non-Constituent Church Family Tuition:</b>		<b>Constituent Church Family Tuition:</b>	
1 student	\$450 x 10 = \$4,500	1 student	\$405 x 10 = \$4,050
2 students	\$792 x 10 = \$7,920	2 students	\$713 x 10 = \$7,130
3+ students	\$1,080 x 10 = \$10,800	3+ students	\$972 x 10 = \$9,200

**ALPINE CHRISTIAN SCHOOL  
Commitment for Tuition Assistance**

Student(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

We would like to send our child(ren) to Alpine Christian School. We understand that Financial Aid will only be applied once our portion of the bill has been paid. We also understand that the remaining balance, after our registration payment, will be divided into ten equal monthly payments (August to May, unless otherwise arranged with the ACS Finance Committee). *We certify that all of the information in this application is true and correct to the best of our knowledge. We have attached a copies of our previous year US Tax form and additional documents as required.*

We understand that we will forfeit Financial Aid if we do not fulfill our part of this agreement or if the conditions & requirements printed in our financial agreement are not met.

Father/Guardian 1 Signature \_\_\_\_\_ Printed: \_\_\_\_\_

Mother/Guardian 2 Signature \_\_\_\_\_ Printed: \_\_\_\_\_

**FOR FINANCIAL COMMITTEE USE ONLY**

Family Size:	Number Students in ACS:	Notes:
Monthly Income:	Monthly Expenses:	Notes:
Family Discounts:		

ACS Finance Committee Recommendation: \_\_\_\_\_

ACS Board Vote: \_\_\_\_\_ DATE: \_\_\_\_\_ Monthly Financial Aid Amount Approved: \_\_\_\_\_

Family Account Name: \_\_\_\_\_

(Part D to be completed by ACS Treasurer)  
ACS 2026-2027 Financial Agreement

Between \_\_\_\_\_ and Alpine Christian School

ACS Student(s) covered under this agreement:

- \_\_\_\_\_
- \_\_\_\_\_
- Responsible Parent/Guardian for Billing: \_\_\_\_\_
- Billing address: \_\_\_\_\_
- Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment schedule** (due on dates indicated; there is a 10-day grace period before late fees apply):

Registration Fee Paid Amount/Date: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> August 3, 2026: \$ _____   | <input type="checkbox"/> September 1, 2026: \$ _____ |
| <input type="checkbox"/> October 1, 2026: \$ _____  | <input type="checkbox"/> November 2, 2026: \$ _____  |
| <input type="checkbox"/> December 1, 2026: \$ _____ | <input type="checkbox"/> January 1, 2027: \$ _____   |
| <input type="checkbox"/> February 1, 2027: \$ _____ | <input type="checkbox"/> March 1, 2027: \$ _____     |
| <input type="checkbox"/> April 1, 2027: \$ _____    | <input type="checkbox"/> May 3, 2027: \$ _____       |

Details of this agreement:

- The family ACS account must be kept current (paid as agreed each month). Accounts that become delinquent by a month or more will lose their eligibility for financial assistance and this agreement will become null and void. Re-application may be completed when delinquent balance is paid in full.
- **Financial Aid will only be applied once your portion of the bill has been paid.**
- Any reduction in tuition provided by the Alpine Christian School **must be matched by worthy student funds from the home church of the student in a dollar for dollar amount.**
- All students receiving financial assistance must maintain a C average or higher report card and maintain acceptable conduct. Students whose grade average drops below this minimum or who are subject to disciplinary action lose additional financial assistance at the discretion of the ACS Finance Committee's recommendation to the ACS School Board.
- Families granted assistance are required to provide volunteer support to the school. \_\_\_\_.

*I understand that I am financially responsible for the above payments.*

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

*We agree to this financial agreement as stated above, on behalf of Alpine Christian School.*

\_\_\_\_\_  
Signature of ACS Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACS Treasurer

\_\_\_\_\_  
Date

Family Account Name: \_\_\_\_\_