

# Hawaiian Mission Academy Windward Campus

## Tuition Assistance Program

160 Mookua St. Kailua, HI 96734

808-261-0565

School Year: \_\_\_\_\_

**Section A. To be filled out by person responsible for student's account: (IMPORTANT: PLEASE PRINT)**

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street/Box Number City State Zip Code

Member of \_\_\_\_\_ Church

Name(s) of child(ren) at this school	Age	School	Grade	Monthly cost	Registration costs
Names of other children in family	Age	School	Grade	Monthly cost	Registration costs

**Section B. Establishment of need and qualifications.**

**Need:** Adjusted gross family income as reported on last Income Tax Return \_\_\_\_\_  
Copy must be attached or verified by initials of principal or pastor \_\_\_\_\_ (IRS Form 1040 Line 37 or 1040EZ Line 4)  
 Monthly Income (after taxes) \_\_\_\_\_ Monthly Rent (or mortgage) \_\_\_\_\_  
 Monthly car payments \_\_\_\_\_ Total of Other payments \_\_\_\_\_

**Reapplication:** If the family/child has received financial assistance from the Hawaii Conference in the past, please see the attached sheet and submit documents as required.

**5-Step Involvement:** All parties must sign before the application can be processed.

Source of Help	Plan	Total Financial Commitment for Year
Student (*see front)		
Parent/Family		
Church		
School		
Other		

**Section C. Statement of Understanding:** We, the undersigned, have collaboratively developed this plan to make attendance at the above school possible. This plan does not relieve the parent(s)/sponsor(s) of obligation for the child(ren)'s account(s).

Student Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Principal Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_