



Supplemental Financial Aid Form

School Year _____

Student Name(s) _____

Grade entering _____

Parent/Guardian 1 _____ Relationship _____

Email _____ Telephone _____

Parent/Guardian 2 _____ Relationship _____

Email _____ Telephone _____

Check here if the student's parents or guardians do not live together, and complete the following

Who has physical custody of the student(s)?

- Parents have joint custody
 Parent/Guardian 1 has primary custody
 Parent/Guardian 2 has primary custody

How will the financial responsibility of the students' education be shared? **

- Parent/Guardian 1 will pay all tuition and fees.
 Parent/Guardian 2 will pay all tuition and fees.
 Financial responsibility will be shared as follows:

_____ % Parent/Guardian 1
_____ % Parent/Guardian 2

** Please note that all parties signing the enrollment agreement are jointly and severably liable for tuition and fees.

Check here if you wish to apply for the **Widow's Fund Scholarship** and complete the following:

Please check all that apply

- I am a widow/widower and have not remarried since my spouse's death
 My spouse and I were legally married at the time of his/her death
 The children listed on this application belonged to my deceased spouse by birth or adoption

Will you receive additional financial help from any other sources such as your church, other scholarships, family members, friends, etc? _____

If yes, how much? _____

Check here if you wish to apply for the **Founder's Scholarship** and complete the following:

Is your student a lineal descendant of one of the six founding families of Bethany Fellowship? _____
If yes, which family? _____

Bethany Academy does not discriminate on the basis of race, or national or ethnic origin in the administration of its financial aid program.