

Walnut Academy  
701 Walnut St.  
Missoula, MT 59802  
(406) 493-1813  
[office@walnutacademy.org](mailto:office@walnutacademy.org)

## Application for Tuition Assistance

Date: \_\_\_\_\_

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

School Year: 2021-2022

Name of Parent/Guardian(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

Address(es):

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number of Parent/Guardian(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

### Employment/Income Information

Number of household members: \_\_\_\_\_

Annual Household Income (combined): \_\_\_\_\_

Place(s) of Employment for Household Income Providers (Please indicate Full Time or Part Time):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Financial Need**

The Walnut community is eager to support your family and your student(s) in joining our school. To assist as many families as possible and to compensate our teachers fairly with the limited scholarship resources available, we must make difficult decisions. In the space below, please share the details of your family's current financial situation that underlie your request for tuition assistance. Please include the amount per month that you believe your family could afford to pay toward tuition. Please also suggest any in-kind or service resources that you could offer to potentially offset some of the scholarship. This may include being present during the school day as teacher support. While we may not be able to accept all such offers, we will happily consider any that you may suggest.

Thank you for your interest and faith in our program. We will work with your family and do everything in our power to find a reasonable and sustainable solution that allows your student(s) to attend Walnut Academy.

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*To be completed by a member of the Board of Directors*

Submitted to:

Reviewed by Board:

Offer: Yes or No

Amount/Arrangement: