



PACE Academy Financial Assistance Application Form

Confidential

Applicant Information

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email Address: _____

Student Information

Student Name	Date of Birth	Grade Applying For
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Purpose

PACE Academy is committed to providing educational opportunities to all students, regardless of financial circumstances. We adhere to federal guidelines in assessing financial assistance applications. Submission of this form does not guarantee assistance; each application is reviewed individually, and aid is awarded based on available funds. Assistance may cover all or part of the fees, determined on a case-by-case basis.

Type of Assistance Requested:

Full Assistance Partial Assistance

Required Documentation

Please attach the following documents to ensure a comprehensive evaluation of your application:

1. Proof of Income (submit all that apply):

- Most recent federal tax return (Form 1040)
- W-2 forms
- Recent pay stubs
- Documentation of any other income (e.g., child support, alimony, social security benefits)

2. Additional Supporting Documents:

- Recent bank statements
- Proof of unemployment benefits
- Extraordinary medical expenses documentation
- Any other documents that reflect your current financial situation

Financial Information

Total Household Annual Income: \$ _____

Number of Dependents: _____

Current Employment Status of Parent(s)/Guardian(s):



Narrative

Please provide a brief explanation of your current financial situation and the specific reasons you are requesting assistance.

Certification

By signing below, I/we certify that the information provided in this application and the accompanying documents are true and accurate to the best of my/our knowledge. I/we understand that providing false information may result in the denial of financial assistance.

Parent/Guardian Signature: _____

Date: _____

Submission Instructions

Please submit this completed form along with the required documents and your child's application form to the PACE Academy Admissions Office. Applications missing required documentation may experience delays in processing.

Administrative Review Section

(To be completed by PACE Academy Administration)

Reviewer's Name: _____

Date Reviewed: _____

Decision:

- Approved - Full Assistance
- Approved - Partial Assistance
- Not Approved

Reason for Decision:

Additional Notes:

Administrator Signature: _____

Date: _____

Contact Information

For questions or assistance with this application, please contact the PACE Academy Admissions Office at admin@pacewa.org