



FINANCIAL HARDSHIP DISCOUNT APPLICATION

For certain low-income families, Sunrise Academy may reduce the parent/guardian's financial responsibility for tuition and certain fee on a case-by-case basis where the parent/guardian qualifies under our financial hardship guidelines (see www.sunriseacademy.education/financial). Financial hardship determinations are based upon a review of household income, assets and liabilities in relation to current Federal Poverty Income Guidelines. If your household income is less than 199% of the Federal Poverty Guideline, you may qualify for a Financial Hardship Discount that will cover between 10-75% of the balance due after a scholarship is applied.

Submit a completed application below and a copy of the most recent year's tax return to the school office for review. We will review your package upon receipt and contact you if additional information is required. Applications will not be approved for financial hardship assistance when required forms are incomplete or necessary documentation is missing. We will contact you regarding your application, generally within 5 business days after we receive your complete application and all required attachments. The representative will inform you of our decision regarding your request for financial assistance and, if applicable, the level of discount that is available.

1. STUDENT INFORMATION

Enter the student's name exactly as it appears on their birth certificate.

First Name	
Last Name	
Date of Birth	
Social Security Number	

2. HOUSEHOLD INFORMATION

Enter the household income exactly as it appears on the most recent tax year's tax return.

Annual Income	\$
Household Size	

3. BILLING RESPONSIBLE PARTY

Please designate the name of the billing responsible party for which all tuition, fees, and other school related costs should be addressed to. The Billing Responsible Party must be a parent or legal guardian of the student.

Title (Mr., Mrs., Ms., Dr., Prof.)	
First and Last Name	
Email Address	
Phone Number	
Home Address	
Social Security Number	

4. AGREEMENT

Sunrise Academy ("we") will make a determination for a Financial Hardship Discount based upon the information contained on this form, and your supporting document(s). If approved, you will be required to pay any due balances on the first day of each month promptly or you will become permanently ineligible for your Financial Hardship Discount. We reserve the right to reject any fraudulent applications, and we may also contact the police if we determine that an application has been submitted fraudulently. All information contained on this form is subject to verification and by signing below, you authorize us to verify this information in accordance with the laws of the State of Florida and the United States of America. A Financial Hardship Discount is a gift from the school to needy families and in order to maintain the program, we verify all applications. We may periodically request that you re-verify your income, and we will do this at least every school year. If you agree to these terms, please sign and date below.

SIGNATURE OF BILLING RESPONSIBLE PARTY

DATE

OFFICE USE ONLY:

Received by: _____ Date: _____ Sent for Review on: _____

ADMINISTRATOR REVIEW:

Approved [] Denied [] Date: _____ Signature/Stamp: _____ Discount Amount: _____