



Crescent Academy International
40440 Palmer Rd.
Canton, MI 48188
(734) 729-1000

FINANCIAL AID APPLICATION

(Please print or type)

Please note that this application must be accompanied with the required supporting documents before it can be processed.

Parent's Name _____

Names of Student(s) to attend CAI _____

Address _____ Phone _____

City _____ State _____ Zip _____

PARENT INFORMATION

Father

Mother

 Social Security #

 Social Security #

 Occupation

 Occupation

 Employer

 Employer

 Business Phone

 Business Phone

 Yearly Income

 Yearly Income

Amount Requested \$ _____

I hereby certify that this information is correct to the best of my knowledge. If my child or children is granted financial assistance, I agree to pay all other fees due to the school and abide by all conditions set by Crescent Academy International for receipt of this assistance.

Father's Signature: _____ Date _____

Mother's Signature: _____ Date _____

OFFICE

Received by _____ Date _____

Reviewed & Recommended by _____ Date _____

Amount Granted _____ Date _____

Signature (Financial Officer) _____ Date _____