

**MAGIC VALLEY CHRISTIAN SCHOOL**  
**P.O. Box 5494**  
**1631 Grandview Drive North**  
**Twin Falls, Idaho 83303-5494**  
**(208) 733-5999**  
**Fax (208) 735-0141**  
**E-mail mvcs@mvchristian.net**

**TUITION AND FEES:**

**2007-2008 SCHOOL YEAR**

- ◆ **APPLICATION FEE** .....\$50.00 per student  
*This Fee covers the cost of processing the application, including entrance testing. **It must accompany the application***
  
- ◆ **REGISTRATION FEE** ..... \$195.00 per student enrolled  
*This is a non-refundable fee and is not included in the tuition .  
The student will be **officially** enrolled when this fee is paid. *It is due after acceptance, with the Enrollment Agreement.**
  
- ◆ **TUITION** per student.....\$3,750.00 – (registration fee not included)  
*[Discounts are offered for full-time pastors. Please contact the office for details.]*
  
- ◆ **BOOK AND SUPPLIES FEE** per student.....Grades 7 through 8.....\$300.00  
Grades 9 through 12.....\$375.00  
*This Fee covers the cost of general textbooks, classroom materials, participation in extracurricular activities, laboratory fees, yearbook, and student admission to all sports activities (below the district level) sponsored by the school (except for fund-raising activities and meals). **It is not refundable and will not be pro-rated.***
  
- ◆ **OTHER CHARGES:**  
Athletics.....\$50 first sport—\$25 second sport—\$0 third sport  
Physical Education T-Shirt (required).....\$10  
Lab Fee (for selected classes).....\$25  
A charge will be made for books that have been damaged or lost.
  
- ◆ **TUITION AND FEE PAYMENT PLANS**  
*Tuition and Book and Supplies Fee may be paid according to one of the following options:*  
Plan #1: Payment in full by May 1 with a 4% discount on tuition only  
Plan #2: Payment in full by August 15, with a 2 1/2 % discount on tuition only  
Plan #3: Eleven (11) monthly payments, beginning July 1  
Plan #4: Ten (10) monthly payments beginning August 1  
*Students who are enrolled, but withdraw after August 1 for any reason other than a move out of the area, will be required to pay tuition for the first quarter. Tuition for students who attend for part of a school year will be pro-rated on a school calendar quarter basis. Attendance during any part of a school quarter will require payment for the entire quarter.*
  
- ◆ **TUITION ASSISTANCE:**  
Financial assistance for tuition only is available to qualified applicants upon separate application, and will be considered only after a student is accepted for enrollment. For details, please contact the office.
  
- ◆ **LATE PAYMENT and NON-SUFFICIENT FUND FEES:**  
A fee of 5% will be assessed for accounts not paid by the 10<sup>th</sup> of each month.  
A charge of \$20 will be made for all checks returned by the bank. If two checks are returned, all further payments will be made in cash.

Dear Parents,

We are pleased to provide a Financial Assistance Packet for you.

Please note the Procedures on the enclosed sheet. You must first complete the regular enrollment or re-enrollment procedures for your student(s) before financial assistance will be considered. You may complete the Application and return it to us at any time, along with any requested documents, and any additional explanations you might wish to include. Completing and submitting these documents will speed up the process.

After your student has been admitted to the School, the Financial Assistance Committee will review the materials and will then be in touch with you regarding its decision.

The Financial Assistance Committee wishes to assure you that all information submitted will be kept in strict confidence.

Please also note that the decision of the Committee is final.

We look forward to receiving and reviewing your materials.

Sincerely in Christ,

The Financial Assistance Committee

# MAGIC VALLEY CHRISTIAN SCHOOL

## FINANCIAL ASSISTANCE PROCEDURES

*It was the hope of the founders of the school that no one would ever be turned away from Christian education because of a lack of ability to pay tuition. It is also the intent of the School to make its services available to as many students as possible. Consequently, the Board has established a need-based financial assistance program.*

Families who wish to ask for financial assistance must

- Meet and complete all regular application procedures for admission and be accepted, if a new student,  
*or*, if a continuing student, have accounts current and have been asked to re-enroll
- Complete the general Tuition Assistance Application, available from the School, to establish that scholarship application criteria are met

### **CRITERIA FOR OBTAINING FINANCIAL ASSISTANCE:**

1. In general, families who have previously been enrolled in the School will be given preference.
2. Families must qualify spiritually (committed to training their children to be Christ-like) and financially (have a legitimate financial need).
3. Families must demonstrate their commitment to the School.
4. The students must be an asset to the school.
5. Families must have paid to the best of their ability, and must continue to do so.
6. Families must be active in a local church

- Submit the Tuition Assistance Application to the School along with
    - Prior Year Federal Income Tax Return (including all schedules and attachments) and a statement of prior year non-taxable income (welfare, child support, Social Security, pensions, living and housing allowances, tax-free annuities, etc.)
    - Estimated current year taxable and non-taxable income with an explanation of major changes from the prior year
    - Current assets and liabilities included estimated market value of home or other real estate and annual loss of or income or benefits
    - Annual mortgage/rent, car/other loan payments, etc.; statement of unusual expenses and indebtedness in the past which have resulted in current financial difficulties.
- All of this information will be held strictly confidential.***
- The Financial Assistance Committee will then meet and make its decision. A possible separate interview with the Committee may be required. The decision of the Committee is final.

# Magic Valley Christian School

P.O. Box 5494, Twin Falls, ID 83303 · (208) 733-5999

## Tuition Assistance Application

**Please return this application & a copy  
of your current year tax returns to:**

Financial Assistance Committee  
Magic Valley Christian School  
P.O. Box 5494  
Twin Falls, ID 83303-5494

Financial assistance is provided based on your financial circumstances and is given on a first come - first serve basis. Amounts awarded are determined by an “ability to pay” percentage established by the school board. The maximum amount of financial assistance given to any one student will be 50% of the *tuition amount only*. Registration and other fees are excluded from financial assistance. The school has many opportunities from janitorial to teacher’s aide and if you are able to be of service please contact the school.

Please complete the following information:

Names of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (father) \_\_\_\_\_ (mother) \_\_\_\_\_

Occupation: Father \_\_\_\_\_ Employer: \_\_\_\_\_

Mother \_\_\_\_\_ Employer: \_\_\_\_\_

If unemployed, how long? \_\_\_\_\_

Do you anticipate returning to your place employment within the next six months? \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Names of Children	Grade	Names of Children	Grade
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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What local church are you presently attending? \_\_\_\_\_

How often do you attend? \_\_\_\_\_ How long have you attended? \_\_\_\_\_

Is this your home church? \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Please itemize your sources and amounts of annual gross income:

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL GROSS INCOME : \$ \_\_\_\_\_

LAST YEAR'S INCOME: \$ \_\_\_\_\_ (according to current year Tax Return)

Amount in Savings Accounts or Investments: \$ \_\_\_\_\_

Do you own your home, what is its' present value? \$ \_\_\_\_\_

Available equity \$ \_\_\_\_\_

Do you rent? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Have you ever had to declare bankruptcy? \_\_\_\_\_ When? \_\_\_\_\_

We hereby signify that without this tuition assistance we would not be able to send our child(ren) to Magic Valley Christian School. Understanding that tuition assistance was provided based on our current financial circumstances, as the Lord improves our financial situation we will notify the school at that time. We understand that after review of our financial status our tuition assistance may be modified.

\_\_\_\_\_  
Signature (Father)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Mother)

\_\_\_\_\_  
Date

*OFFICE USE ONLY*

DATE RECEIVED: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Award: \$ \_\_\_\_\_ % \_\_\_\_\_ Date \_\_\_\_\_

Award denied \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expenditure Items	Monthly \$ Allotment	Amount Past Due	Yearly Total
<b>GIVING</b>			
<b>SAVINGS/INVESTMENTS</b>			
<b>HOUSING/UTILITIES</b>			
House or Rent Payment			
Gas/Electric			
Telephone			
Water/Sewer/Garbage			
Insurance Taxes			
Repairs/Upkeep			
<b>FOOD &amp; HOUSEHOLD ITEMS</b>			
<b>TRANSPORTATION</b>			
Car Payments			
Insurance/Fees			
Repairs			
Gasoline			
<b>ENTERTAINMENT</b>			
General			
Vacations/Outings			
Allowances			
<b>MEDICAL/DENTAL</b>			
<b>CLOTHES</b>			
<b>CREDIT/DEBIT</b>			
Credit Cards			
Institutional Loans			
Medical/Dental Payments			
<b>INSURANCE</b>			
Life/Disability			
Medical			
<b>EDUCATION</b>			
School Tuition			
College			
Music Lessons			
Books/Subscriptions			
<b>TOTALS</b>			