



# REQUEST FOR FINANCIAL AID

Parent Name(s): \_\_\_\_\_

If not, how did you hear about us? \_\_\_\_\_

Student(s): \_\_\_\_\_

\_\_\_\_\_

Grade Level(s) Requested: \_\_\_\_\_

\_\_\_\_\_

Does your student currently attend The Learning Academy?  Yes  No

Will your child continue attending LATV for subsequent grades?  Yes  No

Do you feel your child may qualify for an academic scholarship? Please explain.

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

What is the amount that you are able to contribute to your child's monthly tuition? \_\_\_\_\_

Would you be willing to submit your tax records to our third party affiliate for review?  Yes  No

Do you have a personal or professional ability that you are willing to contribute to the school (Art, Spanish or P.E. teacher, Snow Plowing, Landscaping, etc.)? If so, please state:

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

Would you be willing to complete volunteer hours?  Yes  No

Do you have family members who would be willing to contribute to your child's tuition?  Yes  No

Why is it important to you for your child to attend The Learning Academy?

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



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