



**INDIANA**<sup>TM</sup>  
ACADEMY

FAITH  
KNOWLEDGE  
SERVICE

## Sponsorship Form

This sponsorship form is an agreement with the sponsor that they plan to help a student. The completed form should be returned to the Indiana Academy Business Office. The payment will be applied directly to the student's account. IRS regulations do not permit tax deductions for tuition payments made for specific students.

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### AGREEMENT

I believe in \_\_\_\_\_ and want him/her to be able to receive a quality Christian education at Indiana Academy.

Therefore, I agree to sponsor the above individual for the \_\_\_\_\_ school year for the following amount.

\_\_\_\_\_ Flat amount of \$ \_\_\_\_\_ per month for 10 months (August – May)

\_\_\_\_\_ Flat amount of \$ \_\_\_\_\_ per month for 12 months

\_\_\_\_\_ Flat amount of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

**Please mail check to:**

Indiana Academy  
Business Office  
24815 State Road 19 N  
Cicero, IN 46034

**Pay by credit card:**

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_  
Security Code: \_\_\_\_\_  
Day of the month to run card: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number