

TUITION AID APPLICATION

APPLICANT (PERSON RESPONSIBLE FOR TUITION CONTRACT) INFORMATION

Name(s):		E-mail:	
Address:			Phone:
City:	State:		ZIP:
Own Rent (Please circle)	Monthly payment or rent:		How long?

PRIMARY EMPLOYMENT INFORMATION – FOR POSITIONS HELD LESS THAN 2 YEARS ALSO PROVIDE PREVIOUS POSITION

Current employer:		
Position:	How long?	Gross Annual income:

CO-APPLICANT EMPLOYMENT INFORMATION, IF APPLICABLE - FOR POSITIONS HELD LESS THAN 2 YEARS ALSO PROVIDE PREVIOUS POSITION

Current employer:		
Position:	How long?	Gross Annual income:

FAMILY INFORMATION

Character or Spiritual Reference:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to applicant(s):		
Are there other income earners in the home who supplement the household income? Yes/No If so, how?		Total Household income:

How much does your current household budget allow for monthly tuition expenses?

How many children are living in your home and are primarily dependant on you: Please provide details:

Name	Age	Grade 17/18	School Presently Attending (include Discovery Program, if applicable; with hours enrolled)	Aid Requested? circle one
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No

Are any children in the home receiving support or benefits?

FAMILY AND CHURCH SUPPORT

Current Church membership:	
Does your church assist families with Christian Education costs? Yes/No	Are you receiving tuition aid from your Church? Yes/No
If so, how much aid do you anticipate for the 17/18 year?	
Are there extended family members <u>able</u> to contribute to your tuition contract? Yes/No	
How much assistance do you anticipate from family members for the 17/18 year?	
If divorced, is tuition addressed in Child Support Agreements? Yes/No If yes, is applicant the parent financially responsible for tuition? Yes/No If no, please explain:	

HOME MORTGAGE

Current Home Value:	Date Secured:	Balance Due:
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OTHER SOURCES OF INCOME: SOCIAL SECURITY, INVESTMENT INCOME, MAINTENANCE, CHILD SUPPORT AND SUPPLMENTAL INCOME NOT INCLUDED ABOVE

Description	Amount per month

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OTHER ASSETS INCLUDING ADDITIONAL REAL ESTATE INVESTMENTS, PERSONAL PROPERTY, AUTOS, LIFE INSURANCE, STOCKS, 401K AND OTHER RETIREMENT FUNDS

Description	Value

LOANS, DEBTS, OR OBLIGATIONS, INCLUDING REVOLVING CREDIT DEBT OR COURT MANDATED EXPENSES

Description	Balance	Monthly payment

OTHER INFORMATION

Is your family experiencing unexpected financial hardship? Yes/No Is this Temporary? Yes/No Please explain:

Other comments:

Do you participate as you are able in: TRIP Cash from Trash Friends of LC Efforts Biblical financial planning

By signing below I/we attest the information contained in this application is true and correct; that we desire and demonstrate a heart for Christian Education for our child(ren), but through hardship or other challenge, cannot meet the full cost of tuition beyond other cost savings programs provided.

Signature of applicant	Date
Signature of co-applicant, if applicable	Date

PLEASE RETURN THIS **REQUEST ALONG WITH COMPLETE COPIES OF YOUR 2015 AND 2016 TAX RETURNS BY MAY 31, 2017**
 TO: LYNDEN CHRISTIAN SCHOOL, 417 LYNCS DRIVE, LYNDEN, WA 98264
 THIS APPLICATION AND INFORMATION PROVIDED WITH IT IS **CONFIDENTIAL** AND IS TREATED ACCORDINGLY. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY AFFECT OR DELAY CONSIDERATION OF YOUR REQUEST.

The tuition assistance program is administered within set guidelines and a limited amount of money is available for this program each year. The decision to grant aid is made only after the required information has been received and evaluated to determine if it falls within these guidelines.

Knowing that other families may also be seeking aid and embodying Christian spirit and purpose of supporting others; families approved for aid are asked to:

- Contribute back to this fund as the Lord blesses them – in the current school year and beyond.
- Evaluate through the year how the circumstances qualifying them for aid might improve and therefore choose to pay more toward their tuition balance.