2023-2024 TUITION ASSISTANCE APPLICATION APPLICANT (PERSON RESPONSIBLE FOR TUITION CONTRACT) INFORMATION Name(s): E-mail: Address: Phone: City: State: ZIP: Own Rent Monthly payment or rent: How long? (Please circle) 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: ZIP Code: City: State: Relationship to applicant(s): Are there other income earners in the home who supplement the household income? Yes/No Total Household income: If so; how? How much does your current household budget allow for monthly tuition expenses? How many children are living in your home and are primarily dependent on you: Please provide details: Grade School Presently Attending (include Discovery Aid Requested? circle one Name Age 23/24 Program, if applicable; with hours enrolled) 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 23/24 year? Are there extended family members <u>able</u> to contribute to your tuition contract? How much assistance do you anticipate from family members for the 23/24 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 Date Secured: Current Home Value: Balance Due: OTHER SOURCES OF INCOME: SOCIAL SECURITY, INVESTMENT INCOME, MAINTENANCE, CHILD SUPPORT AND SUPPLMENTAL INCOME NOT INCLUDED ABOVE Description Amount per month

2023-2024 TUITION ASSISTANCE APPLICATION			
OTHER ASSETS INCLUDING ADDITIONAL REAL ESTATE INVESTM 401K AND OTHER F	ENTS, PERSONAL PRO RETIREMENT FUNDS	PERTY, AUTOS	S, LIFE INSURANCE, STOCKS,
Description			Value
LOANS, DEBTS, OR OBLIGATIONS, INCLUDING REVOL	VING CREDIT DEBT O	R COURT MAN	DATED EXPENSES
Description	Balance	Monthly	y payment
			, , , , , , , , , , , , , , , , , , , ,
OTHER INF	ORMATION		
Is your family experiencing unexpected financial hardship? Yes/No Is this Temporary? Yes/No			
Every family is unique, we are requesting that you please attach a narrative explanation regarding your current situation.			
Do you participate as you are able in: ☐ TRIP			
By signing below I/we attest the information contained in this appl	ication is true and core	rect: that we c	lesire and demonstrate a heart
for Christian Education for our child(ren), but through hardship or cost savings programs provided.			
Signature of applicant		Date	
Signature of co-applicant, if applicable		Date	
PLEASE RETURN THIS REQUEST ALONG WITH COMPLETE COPI			
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.