

Application for Tuition Assistance -Grace Christian School-

1. Name of Family: _____
2. Address: _____

3. Telephone number: _____
4. Number of children attending Grace Christian: _____
5. Member of church (circle one): Yes No
6. School Year: _____
7. Amount requested (per month): \$ _____
8. When payment starts (Month/Day/Year): _____
9. Number of months Assistance is requested: _____
10. Other school cost requested: \$ _____
 Explain costs: _____
11. Total amount requested: \$ _____

Reason for request: _____

I understand that any tuition assistance approved will be paid directly to the school and that I am responsible to pay any balance due or work out with the school an approved payment schedule.

Signed: _____

Date: _____

Print name: _____

Reviewed by: _____
(Officer of Grace Christian School Board)

Approved by: _____
(Deacon, Covenant Presbyterian Church)