

Oroville Christian School

Application for Tuition Aid

Names of Applicant(s) : (A) Mr. _____ & (B) Mrs. _____

Marital Status : _____

Relationship of applicant(s) to children:

(A) _____ (B) _____

Applicant(s) address: (A) _____ City _____ Phone _____

If different than (A)

Applicant(s) address: (B) _____ City _____ Phone _____

Employer(s): (A) _____ (B) _____

Other adults living at the same address as the child/children:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Living in applicant's residence: Total Children _____ Total adults _____

Names of children for whom application is made:

Name	Grade	Presently attending (x)	Planning to attend(x)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does applicant (A) have legal custody of the children? YES _____ NO _____

Does applicant (B) have legal custody of the children? YES _____ NO _____

Name of the church where you regularly attend: _____

Church address: _____ Phone: _____

Key contact (Pastor, Elder, Deacon): _____

Confidential Financial Inquiry

The unpaid balance as of this application date: \$ _____

Payments for which you might need help (circle) :

July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May

Your total monthly tuition charges: \$ _____(a)

Amount you can pay per month: \$ _____(b)

Monthly tuition for which you are applying: \$ _____(a-b)

Total average monthly income after deductions; including all wages (from any source), of ALL persons who live at the applicant's residence, as well as those who send in money. The "wages" include such items as: social security, disability payments, pensions, alimony, child support, welfare, interest earned and earnings - from anyone who helps support you and your children.

\$ _____
(Total monthly income)

Itemized monthly expenses:

Rent/Mortgage _____	Home Insurance _____
Fuel/ Auto _____	Auto Insurance _____
Utilities _____	Medical/Dental _____
Tuition (billed amount) _____	Clothing _____
Food _____	Recreation _____
Average monthly credit card payments _____	Other _____
	\$ _____ (Total expenses)

Please list the balance amount on your current credit cards:

Mastercard _____	American Express _____
VISA _____	Dept. Store _____
Other _____	

Please describe your financial circumstances (including loss of income, unusual expenses, etc.) that warrant you tuition aid request.

Please attach a copy of:

- 1. Your most recent IRS income tax form.***
- 2. Your most recent paycheck stub.***

Please return all paper work to the school bookkeeper.

I hereby certify that all of the above is true and correct. I understand that the Tuition Aid Committee (under the direction of the Oroville Christian School Board) may attempt to verify the information I have provided. I also understand that misrepresentation of information is cause for denial for aid or further consideration of the matter.

Applicant(s) Signature(s) _____ Date _____

_____ Date _____

Office Use Only

Date received from applicant _____

Date Bookkeeper received _____

Date tuition aid committee received _____

Board decision date _____

Applicant sent decision date _____