

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): _____

