



# Oroville Christian School

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Dear Parent,

It is a continual joy to see the Lord provide for families who need financial assistance with tuition payments. The financial aid committee is prayerfully committed to distributing funds donated for this purpose in a way that is both pleasing to donors and honoring to the Lord. To do so, it is imperative that we carefully screen all requests for assistance. Attached is a financial aid request form.

**All requests for the 2022-2023 school year must be received by April 27, 2022.**

Any requests received after that date will be considered only if funds are still available. Starting this year, all fully completed applications received by the April 27 deadline will receive equal consideration with the exception of EFC member families, who receive first priority. The maximum amount of tuition assistance is 50% and families who have received financial aid in the past or are currently receiving assistance still need to file a new application for each school year.

Please return your fully completed application to the OCS office on or before April 27. **Incomplete applications will not be considered until they are complete**, even if an incomplete application is turned in prior to the deadline. Processing takes approximately 4-6 weeks.

In His Service, OCS Board

But those who hope in the LORD will renew their strength.  
They will soar on wings like eagles; they will run and not grow weary,  
they will walk and not be faint. (Isaiah 40:31)

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## 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 OCS Tuition balance as of this application date: \$ \_\_\_\_\_

Payments for which you might need assistance (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. 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 _____	Food _____
Home Insurance _____	Recreation _____
Auto Payment _____	Average monthly credit card payments _____
Auto Fuel _____	Tithe/Giving _____
Auto Insurance _____	Health Insurance _____
Cell Phone _____	Other _____
Utilities _____	
Medical/Dental _____	\$ _____
Clothing _____	(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 your tuition aid request.

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Please share your ability/intention to support school functions.

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*Please attach a copy of:*

- 1. Your most recent IRS income tax form.**
- 2. Your most recent paycheck stub.**
- 3. Most recent report card for each student application. (2.0 minimum)**

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 \_\_\_\_\_