

The Current Tuition Rate is: \$ _____

(See Tuition Schedule)

Which is 10 monthly payments of: \$ _____

Amount that you can afford to pay is: \$ _____

Amount of Tuition Assistance requested: \$ _____

In order to better assess the needs of our families please list your monthly expenses in the following areas:

Housing \$ _____ Own _____ Rent _____

Utilities \$ _____ To _____

\$ _____ To _____

\$ _____ To _____

Medical Exp. \$ _____ For _____

\$ _____ For _____

List Total Time Payments (ex. Loans, etc.) \$ _____

Miscellaneous: _____

Signature of person or persons applying:

_____ Relationship _____

_____ Relationship _____

For Administration Use Only:

Tuition Assistance Granted / Denied (please circle)

Amount Granted \$ _____ For School Year _____

Signature of Authorized Grantor: _____ Date: _____

Signature of Co-Grantor: _____ Date: _____