



FIRST PRESBYTERIAN  
CHRISTIAN SCHOOL  
WHERE CHILDREN LEARN TO LOVE & LOVE TO LEARN

## 2024-2025 Tuition Assistance

Please complete the following application and return it to the school office no later than May 1<sup>st</sup>. All financial assistance will be awarded on a determination of need and availability of scholarship funds. We will notify you about the amount of assistance we are able to grant in mid-May 2024. In order to be considered, the following must be returned:

1.  **Tuition Assistance Application (this form)**
2.  **2023 IRS 1040 form (two forms if parents are filing separately)**

*If during the year there are changes in your family income, you are asked to report these changes to the school office. Thank you!*

The information provided on this application is confidential and will be used only to determine financial assistance. You will be notified in writing of your scholarship award amount once a decision is made. **Please note:** *Registration fees are not included in the scholarship and must be paid in full for each student at the time of registration.*

Date of Application: \_\_\_\_\_ Name of adult(s) filing this application: \_\_\_\_\_

Adults and children who live in your home and share living expenses:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please indicate source(s) and amount of current monthly income after taxes (if your income varies, please give an average):**

Type:	Source:	Amount (monthly):
Mother's wages		
Father's wages		
Public Assistance		
Social Security		
Child Support		
Unemployment		
Other: _____		

**Total Monthly Income:** \_\_\_\_\_

Does anyone else help your family with monthly expenses? If so, who helps you and how much do they help?

\_\_\_\_\_

Please indicate any other expenses above ordinary living expenses that might affect or determine eligibility (i.e. usual medical expenses, etc.):

\_\_\_\_\_

Please fill out info on the back →

**Child or children's names for which scholarships are requested:**

Name: \_\_\_\_\_ Child's class placement or request: \_\_\_\_\_ Cost per month: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How much of the total monthly tuition (for all children) are you requesting per month?** \_\_\_\_\_

Will you be receiving financial help for school tuition from any other source (family members, etc.)? \_\_\_\_\_

If yes, how much help per month will you receive? \_\_\_\_\_

**\*\*\* Please note:** *If there is any other information about your request for tuition or your family situation that you would like us to know as we consider your application, please attach an explanation to this application. \*\*\**

I hereby certify that all of the above information is true and correct.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

**FOR OFFICE USE ONLY:**

Child's Name	Class Registering For	Annual Tuition	Monthly Tuition	Reg Fee Paid	They say they can pay monthly	We ask them to pay monthly	Amount of Monthly Scholarship	# of Months	Total Scholarship Awarded	% of Total Tuition

Date of Award Decision: \_\_\_\_\_

Amount of Tuition Assistance Awarded per Month: \_\_\_\_\_

Total Assistance Amount for 2024-2025: \_\_\_\_\_

Assistance will begin on \_\_\_\_\_ and continue through \_\_\_\_\_