

## **Tuition Assistance Application**

Email to Contact@publicschoolexit.com

Parent Names:	
Best Phone/s:	
Child's Primary Address:	
Best Email/s for parents:	
Please list student information who is applying - Student Name, Age and Grade Entering	
Please list how much in tuition assistance funding you request per month:	
Briefly describe your financial situation and reason for applying for tuition assistance suppor	t: 
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Additionally, please complete your family budget (attached on page 2). Our tuition assistance funds are granted on a limited basis. Granting funds also depends on the amount of donations we receive from the community for this purpose. We will be in touch as we prayerfully consider your request. Thank you.



Income	Monthly	General Expenses	Monthly
Family Income	\$		
Other Income (Please list)	\$	Rent/Mortgage (include community fees)	\$
	\$	Insurance (health, car, home, etc.)	\$
	\$	Groceries	\$
	\$	Car Expenses (loan, gas, repairs)	\$
	\$	Home Utilities (electric, gas, water)	\$
		Clothing	\$
		Dining Out	\$
		Miscellaneous	\$
		Entertainment	\$
		Tuition	\$
		Tithes and Offerings	\$
		Savings	\$
		Other Expenses (Please List)	\$
Total Income	\$		\$
Less Expenses	\$		\$
Excess (deficit)	\$		\$
			\$
Total Savings	\$		
Current Cash in Bank	\$	Total Expenses	\$

information provided on this application is true to the best of my knowledge, and that I have not intentionally withheld of misrepresented any pertinent information.					
(signature)	(date)	(joint signature)	(date)		

We will provide the last two-year income tax statements along with this application. I submit that all the