Zion Christian School

1012 12th Ave. Road
Nampa, ID 83686
Ph. 208-466-9141 Fax 208-463-4420
Peter Anderson, Principal

Tuition Assistance Application

School Year 2009-2010

Date of Application_____

Applications for Tuition Assistance must include all enrollment paperwork, latest income tax forms, and registration fees. Applications will be reviewed and families notified of assistance within a timely manner.

Student Last Name	Student First Name	Church Affiliation	Grade Enrolling

Total Tuition Presently Charged $_____

All information received will be kept CONFIDENTIAL.

Personal Information		
Relationship to Student(s)		
First & Last Name *(please print)*		
Home Address		
State, City & Zip		
Phone Number	Home	Cell
Email Address		
Business Name		
Occupation/Title		
Business Address		
Business State, City & Zip		
Business Phone		
How many in your family are under the age of 16?		
How many children are in Zion Christian School?		

Income (If you are a multiple income family, please combine all incomes)	
Number of dependants	
Total monthly income	$
Total monthly investment earnings	$

Total Income $_____

Fixed monthly payments (please use blank areas if needed)	
Car	$
House	$
Utilities	$
Insurance	$
Other	$
Other	$
Other	$

Total Monthly Payments $_____

Returning Families Only
List school activities that you have helped with this year as a parent volunteer: (carnival/bike-a-thon, classroom helper, auction, etc.)

_____

Why do you wish to enroll your children at Zion Christian School?

_____
_____
_____

What monthly payment could you reasonably make to Zion Christian School for your child(ren)'s education? _____
_____
_____

What family circumstances should the Tuition Assistance Review Committee consider?

_____
_____
_____

Please read and check each item below

I understand and agree:

- ☐ This application, if approved, will be valid for the 2009-2010 school year only.
- ☐ A new application must be made each school year, and is subject to the Tuition Assistance Review Committee approval.
- ☐ Tuition Assistance awarded is based on family need and funds available. The maximum granted will not exceed one-half the annual tuition fee.
- ☐ Our family understands that upon excepting Tuition Assistance, we will volunteer a minimum of 20 hours per year in school activities and fundraisers during the school year.
- ☐ We declare that the information on this form is true, correct and complete to the best of our knowledge. We authorize Zion Christian School to request credit checks, if necessary.

_____
Financially Responsible Parent or Guardian

_____
Other Parent or Guardian

_____
Date Completed

Office use only	
Date Received	
Decision Date	
Assistance Approved	
Assistance Amount	