

Tuition Assistance Application

For Finance Committee Decision
Approved
Modified
Needs more information
Other

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Family Church Affiliation _____

Number in Family _____ Total Monthly income \$ _____

Children in School	Age	Grade	Registration fees	Tuition/books	Total Amount
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____

I/We are able to pay to start \$ _____

I/We are able to pay monthly \$ _____

I/We are applying for \$ _____ to start and/or \$ _____ each month

Our Monthly income is limited and comes from (check all that apply)

_____ employment/unemployment Employer _____

_____ Social Security

_____ Child Support/Alimony

_____ Department of Social Services

_____ Other

I have read and agree to abide to the policies and conditions for Tuition Assistance from the Metropolitan SDA Church.

Signature _____

Date _____

PLEASE RETURN THIS APPLICATION FORM WITH A COPY OF YOUR MOST RECENT IRS TAX FORM 1040 ALONG WITH THE FAMILY BUDGET.

FAMILY BUDGET

MONTHLY INCOME

Pay/Salary \$ _____
Child Support/Alimony _____
Unemployment _____
Social Security _____
ADC/GA/Food Stamps _____
Other _____

DEDUCTIONS

Social Security _____
Taxes _____
Retirement/401K _____
Other _____

TOTAL INCOME _____
(less deductions)

MONTHLY BILLS

Tithe/Offerings \$ _____

EXPENSES

House payment/Rent _____
Transportation _____
Electricity _____
Gas/Heat _____
Water/Sewer _____
Medical _____
Dental _____
Insurance _____
Property Taxes _____
Food _____
Clothes _____
School/Tuition _____
Entertainment _____
Vacations _____
Other _____

TOTAL EXPENSES _____