



## Christian Education Assistance Fund Application

**Name of Students**

**Grade**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Family Information**

Name of parents or legal guardians \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Number of dependent children \_\_\_\_\_ Number of other dependents \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Estimated present income. Check appropriate line.

\_\_\_ Less than \$9,999

\_\_\_ \$20,000-\$24,999

\_\_\_ \$10,000-\$14,999

\_\_\_ \$25,000-\$29,999

\_\_\_ \$15,000-\$19,999

\_\_\_ Over \$30,000

Indicate amount of assistance desired \_\_\_\_\_

\_\_\_ I/We would be willing to volunteer at the school for \_\_\_ hours/week to help defray tuition costs.

\_\_\_ Cleaning

\_\_\_ Tutoring

\_\_\_ Hall Monitor

\_\_\_ Other: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_