

**TUITION ASSISTANCE APPLICATION  
2019-2020**

**FAMILY INFORMATION**

**FATHER**

**MOTHER**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

**Please supply the following information for all individuals who reside in your household.**

Name	Age	Name of School	Grade (2019-2020)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STATEMENT OF INCOME**

Your 2018 Adjusted Gross Income (Form 1040, Line 7) \$ \_\_\_\_\_

Do you receive child support? \_\_\_ Yes \_\_\_ No How much do you receive monthly? \_\_\_\_\_

Do you receive a Ministerial Housing Allowance? \_\_\_ Yes \_\_\_ No How much do you receive monthly? \_\_\_\_\_

Do you anticipate a change in your household income in 2019? \_\_\_ Yes \_\_\_ No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE THE BACKSIDE OF THIS FORM ALSO. THANK YOU!**

Please check any of the following that may affect your financial situation in 2019:

- Loss of job
- Recent separation/divorce
- Change in family living status
- Change in work status
- Income reduction
- Illness or injury
- Medical expenses
- Bankruptcy

Total anticipated household income in 2019: \$\_\_\_\_\_

Amount of monthly financial aid requested: \$\_\_\_\_\_

Please explain any relevant, unusual, or extenuating circumstances that may impact your financial situation in 2019:

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If your circumstances require explanation beyond the scope of this application, please call Terry Gutshall @ 665-4300.

**PLEASE NOTE:**

**Applications will be considered only if tuition accounts are current.**

If parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested.

Recipients of financial assistance agree to inform Manheim Christian Day School immediately, and in writing, of any change in financial status that affects the qualifications for assistance.

When assistance is awarded for more than one family member, withdrawal of one or more students reduces the amount allocated to that family proportionately.

**We hereby declare that the information given in this tuition assistance application is accurate and complete to the best of our knowledge. We agree to notify the school immediately of any change in our financial situation that may affect our eligibility for financial aid.**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date