

**TUITION ASSISTANCE APPLICATION
2020-2021**

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 (2020-2021)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT OF INCOME

Your 2019 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 2020? ___ 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 2020:

- 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 2020: \$ _____

Amount of monthly financial aid requested: \$ _____

Please explain any relevant, unusual, or extenuating circumstances that may impact your financial situation in 2020:

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