



# Tuition Assistance Request Application

Five Oaks Adventist Christian School  
4124 Farrington Rd, Durham, NC 27707

*Application must be fully completed to be considered!*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Home address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am a member of the \_\_\_\_\_ Church.

Marital status: Single  Married  Divorced  Separated  Other: \_\_\_\_\_

Number of children/dependents \_\_\_\_\_ Ages \_\_\_\_\_

What is your employment status?  Working  Unemployed  Searching

If married, what is your spouse's employment status?  Working  Unemployed  Searching

I am requesting funds to pay tuition for my child(ren):

1.) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

2.) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

3.) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Monthly amount requested: 1. \_\_\_\_\_; 2. \_\_\_\_\_; 3. \_\_\_\_\_

**What You Can Pay:** Estimate what you can pay toward tuition and other educational expenses for each applicant. Be realistic about the amount you can contribute, keeping in mind the primary responsibility for paying for your child's education lies with you. It is helpful for financial aid officers to have a realistic estimate of what the family feels it can pay for tuition.

Monthly amount I can pay: 1. \_\_\_\_\_; 2. \_\_\_\_\_; 3. \_\_\_\_\_

What other steps have been taken to obtain financial assistance from non-church or school sources? (such as grandparents, other relatives, friends):

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Will you agree to attend a Personal Financial Management Program in the near future, such as the Dave Ramsey *Financial Peace Seminar*, if granted tuition assistance for your child(ren)?

Yes  No  I(we) have already completed such a course

Monthly household income from all sources (take home pay, investment income, child support, dividend and interest, etc.) \$ \_\_\_\_\_

Please indicated your **Monthly** Expenses in the table below:

Rent or Mortgage	\$
Car payment(s)	\$
Utilities (Electricity, gas, water/sewer)	\$
Telephone/Internet	\$
Transportation expense (work related)	\$
Childcare expense	\$
Other recurring monthly expense, for example, credit card monthly payments (please specify)	\$
TOTAL	\$

*NOTE: By signing below, I attest to the fact that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided accurate and honest responses to the Five Oaks Adventist Christian School Board for consideration. I authorize the Finance Committee to verify any information that I have provided.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Please return completed form to the pastor, the school treasurer or to the person who gave you this form.\*\**

Office Use Only:

Authorized by: \_\_\_\_\_

Approved  Denied