

FAITH CHRISTIAN REFORMED CHURCH
CHRISTIAN SCHOOL ASSISTANCE FUND
APPLICATION FORM

DATE _____

NAME OF PARENTS _____

For Deacon Use Only	
Amt Apprvd	_____
Qtr Paid	_____

PLEASE COMMENT ON REQUEST REASON(S)

ADDITIONAL ASSISTANCE RECEIVED FROM SCHOOLS (list all)

CHILDREN ATTENDING SCHOOL AND SCHOOL ATTENDING
CHILD'S NAME SCHOOL

GRADE

<u>CHILD'S NAME</u>	<u>SCHOOL</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL YEARLY TUITION COSTS _____

TOTAL ELEMENTARY ASSISTANCE REQUESTED _____

TOTAL HIGH SCHOOL ASSISTANCE REQUESTED _____

CIRCLE REQUEST TYPE

ONE TIME QUARTERLY