

FAITH CHRISTIAN REFORMED CHURCH

Recommended Support Level per Child					
Income Range		# of Children			
		1	2	3 to 4	5+
Less than	\$35,000	\$ -	\$1,000	\$1,125	\$750
\$35,000	\$50,000	\$ -	\$500	\$875	\$625
\$50,000	\$65,000	\$ -	\$250	\$400	\$500
\$65,000	\$80,000	\$ -	\$ -	\$250	\$375
\$80,000	\$95,000	\$ -	\$ -	\$ -	\$375

CHRISTIAN SCHOOL LEVEL 2 ASSISTANCE FUND

Level 2 Recommended Support Chart:

Note: The chart above is meant to be a guide for the amount of Level 2 support to be provided for each child based on the family's income level. At the Deacons' discretion, the amounts may be adjusted.

FAITH CHRISTIAN REFORMED CHURCH
CHRISTIAN SCHOOL LEVEL 2 ASSISTANCE FUND
APPLICATION FORM

Date: _____

Name: _____

Income range as reported on 1040 tax form line 22 (check applicable category):

- < \$35,000
- \$35,000 - \$49,999
- \$50,000 - \$64,999
- \$65,000 - \$79,999
- \$80,000 - \$95,000

Have you applied for STO funds through the school? Yes No

Please comment on reasons for request:

Name		School		Grade

Enter Children's names, school attending and grade:

Amount Requested: _____

*Signature: _____

* Your signature allows the Deacons to work with the appropriate school and/or School Finance Committee to determine the best way to provide the requested assistance. All information will be held in strict confidence.

For Deacon Use Only	
Amount Approved:	
Date Paid:	