

Faith Church Christian School Assistance Fund

Parents names _____ Date _____

Phone _____ Email _____

<u>Child's name</u>	<u>School attending</u>	<u>Age</u>	<u>Grade</u>	<u>Receiving ESA Y/N</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Faith Church desires to provide financial assistance and support to all families who send their children to Christian day schools so that all covenantal children have access to this education. However, parents still bear primary responsibility for the education of their children and are required to show some level of commitment towards this education. Faith Church makes one tuition payment for each child from Faith Church that does not qualify for the ESA Payment in the month of December that is sent directly to your child's school.

Y/N (Please circle one) We/I desire to “opt-out” of this financial support so these funds can be used to provide additional support to other families.

Y/N (Please circle one) We/I request additional assistance over and above the ESA or December tuition payment made to the school.

By signing this form, I consent to allow the church and the above-mentioned schools to share information regarding financial aid and Christian education support for our family.

Signature _____

Please fill out and place in the designated box on the office counter as soon as possible. Any questions can be directed to Kurt Stout, Faith's Christian School Assistance Fund deacon at 641-660-9313 or kstout.trucking@gmail.com.