

**Riverside Chapel Seventh-day Adventist Church
TUITION AID APPLICATION**

*Riverside Chapel is committed to assisting member families
who provide documentation of need.*

*The Finance Committee needs **ALL** of the information on this form to evaluate your request.*

Eligibility Requirements for Tuition Aid

1. Parents must be supporting members of Riverside Chapel for one year (unless moved into area recently)
2. Child(ren) must attend FH Jenkins Elementary School
3. Tuition request must be received by August 10th (late and/or incomplete applications **will not** be considered)

INFORMATION ABOUT APPLICANT

Last Name:		First Name:	
Phone:	Mobile:	E-mail:	
Home address:			
City:		State:	ZIP Code:

SABBATH SCHOOL ATTENDANCE

My children attend Sabbath School at Riverside Chapel:

Regularly:	Sometimes:	Not usually:	If 'not usually' please explain below.
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EXPLANATION:

FAMILY INFORMATION

Father's Name:		Phone:	Mobile:
Home Address:			
City:		State:	ZIP Code:
Mother's Name:		Phone:	Mobile:
Home Address:			
City:		State:	ZIP Code:
Married:	Separated:	Divorced:	Widow(er): Other:
If a student:	Father's School:		Graduation Date:
	Mother's School:		Graduation Date:

OTHER DEPENDENT INFORMATION

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

PERSONAL INCOME

Husband/Father's employer:	Gross Monthly Income:
Wife/Mother's employer:	Gross Monthly Income:

OTHER MONTHLY INCOME SOURCES

Child Support:	Alimony:	AFDC:
Disability:	Unemployment:	SSI:
School Loans:	Scholarships:	VA Benefits:
Conference Aid:	Food Stamps:	Grants:
Investments:	Gifts/Family:	Other:
Total Other Income per month		\$

MONTHLY EXPENSES/LIVING COSTS

Rent:	Own:	\$_____ /month	Payment made to:	
Address:			Phone:	Mobile:
City:			State:	ZIP Code:
Automobiles	Make:	Year:	Monthly Payment:	
	Make:	Year:	Monthly Payment:	
Credit Card Payments (list name and amount owed)				
CC Name:		Amount owed:	Monthly Payment:	
CC Name:		Amount owed:	Monthly Payment:	
CC Name:		Amount owed:	Monthly Payment:	
Food:	Tithe/Offerings:		Savings:	
Utilities:	Child Care:		Auto Repair:	
Telephone:	Clothing:		Bank Loan:	
Taxes:	Medical Insurance:		Other Loan:	
Home Insurance:	Entertainment:		Other_____:	
Total Expenses/Living Costs per month			\$	

REFERENCES

Name of relative not living with you:	Phone:
Name of friend for past five (5) years:	Phone:

STATEMENT

My signature below indicates that:

1. I request Riverside Chapel to consider my application for tuition aid for my children.
2. I certify that the information I have provided on this form is true and correct.
3. I authorize the Finance Committee to verify any or all of my information.
4. I authorize FH Jenkins Elementary School to release information about my payment records, the grades, and/or behavior of my child(ren) being considered for tuition aid.

SIGNATURES

Signature of Father or Guardian	Date	Signature of Mother or Guardian	Date
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REMINDER:

Submit this completed form and Page 1 of your Federal IRS 1040 Tax Form to:
Riverside Chapel Administrative Office
If you are requesting tuition assistance, the **Deadline is August 10th**.

FOR OFFICE USE ONLY:
