

**Willow Brook Seventh-day Adventist Church
Tuition Aid Application**

Parent / Guardian _____ Marital Status _____

Address _____

Phone Number: Home _____ Work _____

Assistance requested for (only valid for current school year) : _____

Name	School	Grade	Tuition Assistance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For additional children in your family, please use the reverse side of this form. There is no tuition charge for a fourth child.

Monthly Income: (Include combined wages, royalties, welfare, alimony, settlements, etc.) _____

List other potential sources of assistance here: _____

Please submit a copy of the family's latest IRS 1040 form. (Must be attached)

Monthly Expenses:

Tithe and Offerings	_____	Insurance	_____
Rent or Mortgage	_____	Phone (home&cell)	_____
Food	_____	Other	_____
Utilities (Gas & Elec)	_____	Other	_____
Automobile payment	_____		
Auto (Gas & Repair)	_____	Total Monthly Expenses	_____

Agreement:

1. We affirm that the above information is accurate and up to date.
2. We affirm that are members in good and regular standing of the Willow Brook Seventh-day Adventist Church.
3. We affirm that we are not applying to any other church for tuition assistance.
4. We agree to be faithful in Tithing and regular in attendance at Sabbath School and Church service.
5. We certify that our present circumstances make it necessary to apply for assistance, and agree to contact the Church in writing if our circumstances change.
6. We understand that no aid will be applied if we do not fulfill all of the above requirements.
7. We realize that the Church already pays over half of our child's total educational costs through direct subsidy.
8. We understand that aid is unlikely to be granted if we are already receiving tuition subsidy through denominational employment.
9. We release this information for review by the Willow Brook Church Finance Committee members.

Signature of Parent / Guardian _____ Date _____