TUITION ASSISTANCE APPLICATION

PLEASE INCLUDE: A COPY OF THE FIRST SEVERAL PAGES OF YOUR 2024 FEDERAL TAX RETURN, COPIES OF ALL 2025 W-2s and 1099s (these can be sent later if you don't have them by the 1/15 deadline), AND a signed copy of CHLG's Doctrinal & Positional Statements (found under the apply tab). Send this application and the above documents, attached in a single email if possible, to: **info@chlgdc.com**

Tuition Assistance Applications Must be Received by January 15th, 2026
to be considered in our first round of tuition assistance offerings.

Tuition assistance applications are kept strictly confidential and are reviewed solely by the Tuition Assistance Committee. Please include any information you feel may be helpful in considering your request.

NOTE: Please complete a separate first page for each student applicant.

Child's Name _____
Last Name First Name M.I.

Date of Birth_____/_____/_____
Month Day Year

Please indicate the class grouping for which you have applied for the 2026-27 school year:

☐ 5th-8th Grade ☐ 1st-4th Grade ☐ Kinder ☐ 3 Day Preschool ☐ 2 Day Preschool

Child's primary residence is with (check all that apply):

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Male guardian ☐ Female Guardian

Check any that apply to the parents or legal guardians completing this form:

☐ Parents separated ☐ Parents divorced ☐ Single Parent ☐ Male Disabled ☐ Female Disabled

Parent/Legal Guardian 1: (indicate relationship to child) _____
Name _____ Email Address: _____
Home Address _____
Home Phone_____ Cell Phone_____
Occupation_____ ☐ Full Time ☐ Part Time

Employed By _____
Years at this company/organization_____ Work Phone _____

Parent/ Legal Guardian 2: (indicate relationship to child) _____
Name _____ Email Address: _____
Home Address _____
Home Phone_____ Cell Phone _____
Occupation _____ ☐ Full Time ☐ Part Time

Employed By _____
Years at this company/organization_____ Work Phone_____

How many children reside in your home? _____

How much of the annual tuition can you afford to contribute for this child? _____(annually)
*Note: Applications will not be processed if this section is left blank.

Household Income, Assets, and Expenses

MONTHLY INCOME		MONTHLY EXPENSES	
GROSS annual income **adjusted for monthly** (salary, bonuses, and commissions). *Please include* all taxes, health insurance, retirement, HSA funds, etc. that are removed before you receive your net pay.	$	Monthly mortgage/rent (include property or renter's insurance here if it applies)	$
Monthly Alimony/Child Support Received	$	Monthly vehicle payment and/or repair expenses	$
Other Monthly Income (real estate income, gifts, royalties, or any other income)	$	Monthly household outlay (utility bills, food, toiletries, clothing, income tax, etc.)	$
TOTAL MONTHLY INCOME	$	Monthly health / life / auto insurance	$
PERSONAL ASSETS		Monthly medical & dental (not covered by insurance)	$
Checking Accounts	$	Monthly payments for personal and/or consumer indebtedness	$
Savings/Money Market Accounts	$		
Real Estate (equity in personal residence)	$	Monthly tithe and/or other charitable giving	$
Real Estate (other equity)	$		
Other Assets	$	OTHER (please specify) _____	$
Other Assets	$	OTHER (please specify) _____	$
TOTAL ASSETS	**$**	**TOTAL MONTHLY EXPENSES**	**$**

Please feel free to share additional information (either regarding your financial need, the reasons that you would like your child to attend CHLG, or both).

☐ Please check here if you've included a document with additional information.

I/we declare that the information reported on this form is true and complete to the best of my/our knowledge and belief. I/we understand that tuition assistance is limited and that completing this form does not guarantee that tuition assistance will be awarded to our family.

PARENT/GUARDIAN # 1

_____ _____

Signature Date

PARENT/GUARDIAN # 2 (if applicable)

_____ _____

Signature Date