



TUITION ASSISTANCE APPLICATION

PLEASE INCLUDE A COPY OF THE FIRST TWO PAGES OF YOUR 2022 FEDERAL TAX RETURN, COPIES OF ALL 2023 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 to a single email, to: info@chlgdc.com

**Tuition Assistance Applications Must be Received by January 15th, 2024
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 2024-25 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). <i>Please include</i> 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	\$	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	\$	Monthly tithe and/or other charitable giving	\$
Real Estate (equity in personal residence)	\$	OTHER (please specify)	\$
Real Estate (other equity)	\$	_____	
Other Assets	\$	OTHER (please specify)	\$
Other Assets	\$	_____	
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