



## TUITION ASSISTANCE APPLICATION

PLEASE INCLUDE A COPY OF THE FIRST SEVERAL PAGES OF YOUR 2020 FEDERAL TAX RETURN  
Please email this application and your tax return in a single email to: [info@chlgdc.com](mailto:info@chlgdc.com)

**Tuition Assistance Applications Must be Received by January 15th, 2022**

Tuition assistance applications are kept strictly confidential and are reviewed solely by the Tuition Assistance Committee. Please add 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 2022-23 school year:**

Middle School     K-4<sup>th</sup> Grade     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.

## Parents/Guardians' Income, Assets and Expenses

MONTHLY INCOME		MONTHLY EXPENSES	
Gross monthly income (Salary, bonus and commissions)	\$	Monthly rent/mortgage	\$
Monthly Alimony/Child Support	\$	Monthly vehicle pmt.	\$
Other monthly income (Real Estate Income, Gifts, Royalties, or any other income)	\$	Monthly household outlay (tithe, utility bills, food, toiletries, clothing, etc.)	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	Monthly health/life/ property insurance	\$
<b>PERSONAL ASSETS</b>		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)	\$
TOTAL ASSETS	\$	_____	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

Please feel free to share additional information on the reverse side (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 information on the back.

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 granted to our family.

PARENT/GUARDIAN # 1

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PARENT/GUARDIAN # 2 (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date