**Living Christ Preschool Tuition Assistance Application**

The Evangelism board of Lutheran Church of the Living Christ has a tuition assistance program available for families who are not members of Lutheran Church of the Living Christ on a month to month basis. There are three terms of enrollment and assistance may range up to 20% of your tuition per month. Your assistance will be split into even invoice credits for each month of the term in which the assistance is granted. Terms are listed below:

* January-May, apply by November 30th
* June-August, apply by April 30th
* September-December, apply by August 30th

Your child must remain in attendance at Living Christ Preschool for the entire period in which you apply for assistance. For example, if you apply in January and receive assistance, your child must remain enrolled through the end of May or the assistance amount must be paid back to the preschool. You are welcome to apply once every term. However, due to availability of funds, you may only receive assistance for one term every twelve months.

**Requirements to Apply:**

* To be eligible for assistance for terms January-May and September-December: Child attends a minimum of 3-part days during the school year
* To be eligible for assistance for term June-August: Child registers and attends a minimum of 6 weeks during the summer
* Child remains enrolled and follows all school policies throughout assistance term
* If a child receives third party funding, payments may not exceed 49% of monthly tuition

**How to Apply**

* Fill out the Living Christ Preschool Tuition Assistance Application
* Write legibly to answer the questions on the assistance request explanation
* Turn in completed application by November, April, or August 30th based on term for which you are applying.

**Living Christ Preschool Tuition Assistance Application**

\*\*Please complete all sections, incomplete applications will not be considered\*\*

**Child Information:**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Class:\_\_\_\_\_\_\_\_\_\_\_

Child’s Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full or Part Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has your child been attending Living Christ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle whichever applies:

Enrolled Both Summer & School Year Enrolled School Year (Sep-May) Only Enrolled Summers Only

Please circle the future classes you intend your child to be enrolled in:

Lambs Lions Bears Zebras

**Financial Information:** Information will not be shared outside the Assistance Committee

Paternal Guardian’s Work Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paternal Email and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maternal Guardian’s Work Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maternal Email and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the chart as accurately as possible:

|  |  |
| --- | --- |
| + Paternal Guardian’s Monthly Income |  |
| + Maternal Guardian’s Monthly Income |  |
| Total: |  |
| * Estimated monthly housing costs
 |  |
| * Estimated monthly food costs
 |  |
| Total: |  |

**Assistance Application Explanation**

**Please be as detailed as possible in answering the following questions:**

What term are you currently applying for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you foresee the necessity of applying again in future terms? Yes No

Have you been awarded assistance previously, if yes, in what term?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your tuition currently being paid?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving assistance from any other source, if yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe the severity of your families need/why you should be considered for assistance:\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain why you chose to have your child attend Living Christ Preschool:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Families will receive determination of assistance emails no later than 5 business days after the application due dates. \*All assistance awards subject to availability of funds from Evangelism Board.**