Grace Lutheran Church's Fishers of Kids Preschool
Tuition Assistance Application

Student's Name ______________________________ School Year __________

Class student attends: _____ 3/4s (2 days a week – tuition $45/month)
_____ 4/5s (3 days a week – tuition $55/month)

Parents/Guardians ____
Address ____
House number/street city state zip
Phone ______________________________ Date ___________________________

Total number family members in your household (count all members who are financially dependent) ___________ Total Monthly Income ___________________

Unusual expenses: Please list any expenses that may be unusual that have a bearing on ability to pay tuition. Examples would be medical bills, death of a relative, nursing care for disabled or elderly family members, loss of a job. Use back if necessary.

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Amount family can pay monthly for tuition $ _____________________________
Amount of tuition assistance requested per month $_________________________

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For Board Use Only

Amount due monthly $________________________

Amount family can provide monthly $________________________

Amount of monthly aid requested $________________________

Amount of aid granted per month $________________________

Signatures:
Mission Council Chairman____

Preschool Director____

Date of Action _____________________________________

Form revised 06/01/2011