

VERNON CHRISTIAN SCHOOL SOCIETY
APPLICATION FOR TUITION ASSISTANCE

Date of Application: _____

I. Family Information

Name(s): _____

Marital Status: (Circle one: married widowed divorced single separated)

Address: _____

Student's Name(s) and grades

How many years have you had children enrolled at VCS? _____

Have you received tuition assistance in the past? _____

Parents are strongly encouraged to seek financial aid from their church and/or relatives/friends.
Please complete the following prayerfully:

Total family tuition according to schedule: (a) \$ _____

Amount we are able to pay ourselves: \$ _____

Amount from our church community: \$ _____

Amount from relatives/friends/other parent: \$ _____

Total amount from these sources: (b) \$ _____

Assistance requested: (a-b) \$ _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Information on this form will be used in accordance with the school's privacy information policy

II. Income

Father	_____	Gross/Month	_____	Net/Month	_____
Mother	_____	Gross/Month	_____	Net/Month	_____
Other	_____	Gross/Month	_____	Net/Month	_____

Other Income

Child Tax Benefit:	_____	per month	_____	per year
BC Family Bonus:	_____	per month	_____	per year
GST Credit:	_____	per month	_____	per year
Child Support:	_____	per month	_____	per year
Social Assistance:	_____	per month	_____	per year
Other:	_____	per month	_____	per year

Explanation:

(If more space is required for explanation, please use separate sheet)

(a) Total Family Income \$ _____ Net/Month

III. Regular Monthly Expenses

Shelter:	Cost per Month
Rent or Mortgage (Please circle one)	_____
Property Taxes	_____
Utilities (heat, light, water, telephone)	_____
Maintenance (repairs, condominium fees)	_____
Food:	
Groceries and non-food items (purchased from Grocery stores)	_____
Clothing:	
All family clothes, sewing material, patterns, professional repairs	_____
Transportation:	
Gas and Oil, Parking	_____
Repairs, Tune-ups	_____
Existing Credit Payments:	
Consumer loan payments	_____
Charge cards/accounts	_____

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Medical and Dental:

Prescription and non-Prescription drugs _____

Special services (dental, chiropractic, naturopath, etc.) _____

Personal Spending:

Cosmetics, grooming aids, haircuts, etc. _____

Insurance:

Life: _____

Home: _____

Car: _____

Other: _____ Total Insurance: _____

(b) Total Regular Monthly Expenses: \$ _____

Discretionary Monthly Expenses

Savings: Regular savings deductions, CSB's, etc _____

Retirement: RRSP's _____

Education: VCS Tuition (Minimum 50% required) _____

Tuition fees, books, materials, equipment _____

Education Savings Plan _____

Entertainment: Dining, videos, cable tv etc. _____

Lessons, memberships _____

Gifts: Tithe _____

Seasonal, special occasion, donations _____

Vacations: Family, Childrens summer camp _____

Miscellaneous: _____

Other: _____

(c) Total Discretionary Monthly Expenses: \$ _____

(d) Total Regular and Discretionary Monthly Expenses: \$ _____

(a) - (d) = Excess monthly cash or deficit(*) \$ _____

* If this is a negative amount, please indicate on the last page of the form how you will pay your share of tuition.

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I V. Real Estate

	Assessed Value	Total Mortgage	Monthly Payment
1. Address: _____ _____	_____	_____	_____
2. Address: _____ _____	_____	_____	_____

V. Balance Sheet

Assets:		Indicate Value	Liabilities		Amount Owning
Cash on Hand/Bank		_____	Mortgage		_____
Auto:	Year _____	_____	Bank Loan		_____
	Year _____	_____	Bank Overdraft		_____
RV, Boat, ATV		_____	Charge Accounts		
		_____	Visa:		_____
Household/Personal Effects		_____	Mastercard:		_____
Stocks, Bonds, Etc.		_____	Other: _____		_____
RRSPs		_____			_____
Other Assets:	(list)	_____	Other Liabilities:	(list)	_____
		_____			_____
		_____			_____
		_____			_____
Total Assets:		\$ _____	Total Liabilities		\$ _____

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VI. OTHER

- 1. If current income is significantly different than that showing on last year's tax return, please explain: _____

- 2. What does Christian education mean to you? _____

- 3. Other comments that would be helpful to the Finance Committee:

I hereby certify that the foregoing is a true statement of the current financial position of our household

Signature: _____ Date: _____
Signature: _____ Date: _____

(A photocopy of the latest 2 tax returns submitted by both the applicant and his/her spouse shall accompany this application)

Membership Associate: _____ Full: _____

Church Attended: _____

Do you attend weekly: Yes: _____ No: _____

Comments: _____