



# 2018-2019 Tuition Assistance Program (TAP) Application

## I. FAMILY INFORMATION

**PARENT/GUARDIAN #1:** \_\_\_\_\_  
*Legal Surname*                      *Legal Given Names (First and Middle)*

RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS (if different than primary): \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_ # of Years in Attendance: \_\_\_\_\_ BAPTIZED SDA:  Yes  No

OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL 1: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

**PARENT/GUARDIAN #2:** \_\_\_\_\_  
*Legal Surname*                      *Legal Given Names (First and Middle)*

RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS (if different than primary): \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_ # of Years in Attendance: \_\_\_\_\_ BAPTIZED SDA:  Yes  No

OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL 1: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

## II. CWAA FINANCIAL INFORMATION

Names of Dependent children	Grade	Academic Fees
<b>TOTAL</b>		
<b>MONTHLY COST (divide Total by 10)</b>		

## III. Tuition Assistance Program Checklist

- Yes  No We have paid our application fee(s).
- Yes  No We have applied for financial assistance through our church.
- Yes  No We have submitted proof of gross income from employer(s) (pay stubs for the most recent three months).
- Yes  No We have submitted a copy of the most recent Notice of Assessment or a copy of completed Income Tax Return. (No manually completed tax forms accepted.)
- Yes  No We have submitted a completed application to the Prosser Charitable Foundation.
- Yes  No We agree to donate our Kindergarten Transportation Grant to CWAA (required for all Kindergarten Parents Only).
- Yes  No We agree that the information in this application will be shared with our church pastor, for the purpose of an efficient and effective joint decision regarding the amount of assistance we receive from both school and church.

### Please Note:

- The TAP will pay for “tuition” only; it does not cover application fees, bus fees, capital fees, activity/resource fees or extracurricular fees (including athletic teams, trips, retreats, mission trips, fun lunches, secondary option class fees, music tours, etc.)
- All Kindergarten families who qualify for the Tuition Assistance Program will be required to applied the Kindergarten Transportation Grant to their account.



#### IV. FAMILY FINANCIAL INFORMATION

<b>Gross Family Monthly Income</b> (before taxes)	Amount (\$)
Parent/Guardian 1 employment	\$
Parent/Guardian 2 employment	\$
Child tax benefit/universal child care	\$
Social assistance	\$
Other (specify)	\$
<b>TOTAL GROSS MONTHLY INCOME</b>	<b>\$</b>

<b>Family Monthly Expenses</b>	Amount (\$)
Tithe/offerings support	\$
Rent/mortgage payment	\$
Food	\$
Cell phone	\$
Home phone	\$
Utilities	\$
Clothing	\$
Insurance	\$
Car loan payments	\$
Credit loan payments	\$
Child care	\$
Medical/dental care	\$
Gas/car repairs	\$
CWAA school bill	\$
Other (specify)	\$
Other (specify)	\$
<b>Total monthly family expenses</b>	<b>\$</b>

Additional information that would assist in the review of this application.

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I/We the parent(s)/guardian(s) are requesting assistance from Tuition Assistance Program. We certify that the information contained in this form is true and complete to the best of my/our knowledge and belief. I/We the parent(s)/guardian(s) are aware that a progress report on our child(ren) will be sent to our Pastor for the evaluation. I/We the parent(s)/guardian(s) understand that the decision of the Tuition Assistance Program committee is final.

_____	_____	_____
Parent/Guardian 1 Name	Parent/Guardian Signature	Date
_____	_____	_____
Parent/Guardian 2 Name	Parent/Guardian Signature	Date

#### OFFICE USE ONLY:

**Amount of Student Assistance per month approved:** \_\_\_\_\_

Letter sent to family  Yes  No      Letter sent to church  Yes  No      Letter placed in student file  Yes  No