



Date application returned for additional information _____

Date application received complete _____

TODAY'S DATE _____

APPLICATION FOR TUITION ASSISTANCE FOR SCHOOL YEAR

SEPT 20__ - JUNE 20__

In order for the Tuition Committee of **MECCA SUNDAY SCHOOL** to consider this application, all sections must be completed. All of the information included on this application and all forms submitted are for the use of the Tuition Committee **ONLY** and will be treated in the strictest confidence. We attach the highest priority to assuring the privacy and dignity of our parents.

AS LIMITED FUNDS ARE AVAILABLE FOR SCHOLARSHIPS, PRIORITY WILL BE GIVEN TO THOSE

APPLICATIONS PROMPTLY SUBMITTED. WE RESERVE THE RIGHT TO REJECT LATE APPLICATIONS.

I fully understand that my submission of this application represents acknowledgement of certain obligations on my part toward the school. I agree that should a grant be awarded, I am hereby obligating myself to assist the committee in its efforts to raise sufficient funds to continue to disburse grants such as mine. I further agree that if there is any change in the information contained herein (increase in income, spouse becoming gainfully employed, etc.) that I will notify the Tuition Committee. The information contained herein is correct to the best of our knowledge and belief. We understand that MECCA Sunday School reserves the right to request more paperwork in the future if deemed necessary.

Family Name: _____ Father: _____ Mother: _____

Address: _____ City/State/Zip: _____

Home Telephone #: _____ Cell Phone: _____

FAMILY DATA

Married Divorced Separated Widowed

Total # of children in household: _____ Total # of married children: _____

Children to be enrolled at our school:

Husband: Occupation: _____ Name of Business: _____

Address: _____

City/State/Zip: _____

Job Title: _____ Job Description: _____

Business Phone: _____ Cell: _____

Salary: _____

Wife: Occupation: _____ Name of Business: _____

Address: _____

City/State/Zip: _____

Job Title: _____ Job

Description: _____

Business Phone: _____ Cell: _____

Salary: _____

REQUESTED ASSISTANCE

Total Amount of tuition charged (including registration, tuition and other fund)

\$ _____

Amount of assistance requested \$ _____

Amount of tuition (including all fees) you feel you are able to pay for all children attending our school

\$ _____

Signature _____ Date _____

Signature _____ Date _____