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## RCS APPLICATION FOR FINANCIAL ASSISTANCE

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Redwood Christian School welcomes all families in need of financial assistance to complete this application. The application for enrollment and application for financial assistance are separate processes. Redwood Christian School does not discriminate enrollment based on ability to pay. After enrollment is granted the Financial Aid Review process will be completed and an assistance amount communicated to the family.

All information on this application will remain confidential. It will be reviewed by the school principal and governing Board of Directors only. Our billing manager will be given the adjusted total for billing purposes, but the information utilized to arrive at the assistance decision will not be disclosed.

**Please note that the attached application must be filled out by the person responsible for the payment of tuition.** This will also be the person to whom we address monthly statements. If this responsibility is split between multiple people, please provide the information for all those involved.

In addition to the following application, please include the following attachments for each person responsible for tuition:

1. Most recently filed federal tax returns (summary pages one and two only).
2. Two most current pay stubs.




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Please provide the following information for each of the people responsible for tuition. If either parent is not included, please attach a note explaining why.

|          |        |
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| Name:    | Email: |
| Address: |        |

|          |        |
|----------|--------|
| Name:    | Email: |
| Address: |        |

|          |        |
|----------|--------|
| Name:    | Email: |
| Address: |        |

|          |        |
|----------|--------|
| Name:    | Email: |
| Address: |        |

Please list the students currently enrolled at RCS.

| Student Name: | Grade: | Annual Tuition: |
|---------------|--------|-----------------|
|               |        |                 |
|               |        |                 |
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|               |        |                 |
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|               |        |                 |
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|                          |  |
|--------------------------|--|
| Total Annual Tuition:    |  |
| Total Enrollment Fees:   |  |
| Total Discounts:         |  |
| Expected Contributions*: |  |
| Total Cost:              |  |

\*Any contribution not from persons responsible for tuition listed at the top of this page.



**Instructions:**

Please explain any extenuating circumstances which the Finance Committee should consider before allocating Financial Assistance. All information contained in this document will be kept confidential. Use a separate sheet of paper if needed.

If your financial circumstances have changed significantly this past year or you expect them to change in the near future (within 6 months), please explain.

Do you feel your need for financial assistance will be temporary (one year only) or ongoing (for several years)?

**Other tuition costs:**

Do you pay tuition for any of your children who are in other private K-12 schools?

Do you pay tuition for any of your children who are currently in undergraduate education?

If so, please list their name, school they attend and your annual tuition cost (ie. your balance after any aid, school loans or scholarships are applied)

**Other sources of income or assistance:**

Is anyone outside your household helping to pay any expense (living, tuition, debt etc.)?

Do you receive tuition assistance for RCS tuition from any organization outside of RCS?

If so, please give the provider name and amounts received.

Are there financial resources (trust funds, non-retirement investments, etc.) that you could access to pay for RCS tuition? If so, please explain.

Do you have international income or funds?      Do you file tax returns in another country?

If yes, please describe the source of that income or funds.

**Uncovered medical costs:**

Please state the monthly portion you pay (out of pocket or through salary deduction) for medical and dental premiums.

Please state the monthly total you typically pay for regular medical expenses not covered by insurance (doctor/clinic visits, prescriptions, medical supplies etc.).