

EMAIL TO: kwestburg@bellevuechristian.org
or:
UPLOAD TO YOUR SSS APPLICATION
Under 'Additional Required Documents'



SUPPLEMENTAL APPLICATION FOR TUITION ASSISTANCE

Name of Parent/Guardian: _____

Email: _____

List students enrolled at BCS for coming school year (include SAS participation on separate line): (Full-day K – 12 only; half-day K with enrolled older siblings)

STUDENT NAME	GRADE or SAS	ANNUAL TUITION
_____	_____	_____
_____	_____	+ _____
_____	_____	+ _____
_____	_____	+ _____
_____	_____	+ _____
_____	_____	+ _____
_____	_____	+ _____
	Total Tuition:	\$ _____
	Unpaid portion of Enrollment Fee:	+ _____
	Total Tuition and Enrollment Fee Responsibility:	\$ _____
	Of the total responsibility, we believe that we can pay:	- _____
	Of the total responsibility, family and friends contribute:	- _____
	We request the remaining amount in Tuition Assistance:	\$ _____

Signed: _____ Date: _____

[Please complete page two.](#)

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 tuition assistance will be temporary (one year only) or ongoing (for several years)?

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

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 BCS tuition from any organization outside of BCS? _____

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 BCS 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.

Please list the street address, city, state, zip, and county for each additional property you own other than your home. Use a separate sheet of paper, if necessary.

Uncovered medical costs:

Please state the monthly portion you pay (out of pocket or through post-tax 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.). (Major, unexpected medical/dental costs are reported on the SSS application.)