

SOUTH ALBANY COMMUNITY CHURCH (SACC)
2418 Geary St SE Albany OR 97322
541-926-4762 www.sacchurch.org

CITY KIDS HOMESCHOOL CO-OP TUITION ASSISTANCE REQUEST

As a church family, we want to make every effort to include all of our children who are interested in attending the City Kids Homeschool Co-Op with the means to do so.

For those active church families for whom sending a child or children to the Co-Op will be a financial burden, a parent or guardian may apply for financial assistance by completing this application. Please submit your completed application to the church office no later than September 9, 2020. Questions about the application process or financial aid may be directed to Regina in the church office at 541-926-4762 or 541-203-0181. You will be notified prior to September 14, 2020 about the decision regarding your application.

Today's Date _____

Name of Parent(s) or Guardian(s)

Address _____

City/State/Zip _____

Phone Number _____

E-Mail _____

List Each Child for Whom You Are Requesting Financial Assistance

Name _____ Age _____ Grade Level _____

Circle the Number of Days for Which You Are Requesting Assistance Each Week: 1 2 3 4

Name _____ Age _____ Grade Level _____

Circle the Number of Days for Which You Are Requesting Assistance Each Week: 1 2 3 4

Name _____ Age _____ Grade Level _____

Circle the Number of Days for Which You Are Requesting Assistance Each Week: 1 2 3 4

Name _____ Age _____ Grade Level _____

Circle the Number of Days for Which You Are Requesting Assistance Each Week: 1 2 3 4

List Each Child for Whom You Are Requesting Financial Assistance (Con't)

Name _____ Age _____ Grade Level _____

Circle the Number of Days for Which You Are Requesting Assistance Each Week: 1 2 3 4

Name _____ Age _____ Grade Level _____

Circle the Number of Days for Which You Are Requesting Assistance Each Week: 1 2 3 4

Please note that you must register for the full fall semester (September 14th through December 18th) for 1, 2, 3, or 4 days per week.

Briefly Explain the Reason(s) for Your Request

By signing below, I certify that the statements made above are true and complete to the best of my knowledge. At least one parent or guardian must sign below.

Signature _____ Date _____
Parent or Guardian

Signature _____ Date _____
Parent or Guardian

APPROVED: YES _____ NO _____

REASON(S) IF DISAPPROVED _____

Signature _____ Date _____
SACC EMERGENCY SERVICES ADMINISTRATOR