



**CALVARY CHRISTIAN SCHOOL
5955 TAYLOR MILL ROAD
COVINGTON, KY 41015
(859) 356-9201**

Complete and submit to the school office by June 15th for the following school year:

I hereby affirm my need for tuition assistance and request to be considered for CCS Tuition Assistance. I understand that the information requested below will be held in confidence and will be used to fairly distribute available tuition assistance funds to applicants. I understand that a new application needs to be submitted to both **CCS** (no fee) and **FACTS** (fee required) by June 15th each year that I am requesting assistance.

SECTION A: PARENT INFORMATION

DATE: _____

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Address _____

Email address: _____

Email Address: _____

Home Phone _____ Cell Phone (F) _____ Cell Phone (M) _____

List your children currently enrolled or to be enrolled in CCS:

| Student | Grade | New / Returning | Year or Semester |
|---------|-------|-----------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The parents' current marital status is:

Married, living together _____ Divorced _____

Separated _____ Widowed _____

_____ Total number living in parents' household (include the parents, students, other dependent children and other dependents).

\$_____ Please indicate the monthly dollar amount that you are requesting for tuition assistance.

Note: Tuition assistance funds can be applied only to tuition. Additionally, all tuition payments must be made on-time or you run the risk of losing all tuition assistance.

_____ Yes _____ No Are you a current member of Calvary Baptist Church? If not, please complete the following church information:

Church Attending: _____ Member: _____ Yes _____ No

Senior Pastor's Name: _____ Telephone: _____

Church Worship Attendance:

80-100% _____

50-75% _____

25% or less _____

The CCS Executive Committee has established the following policy for those seeking tuition assistance. To encourage applicants toward assuming complete financial responsibility, the following guidelines will be used when considering the dispersion of available tuition assistance funds:

Those receiving tuition assistance will be required to provide 30 hours of volunteer service to an approved program at CCS. Should you get to the end of the third quarter and this requirement is not met, the pro-rated dollar amount will be added over the two final tuition payments. Here are a few examples: If a family received \$2,000 in assistance and accumulates no volunteer hours, \$2,000 will be added to the two final tuition payments. If a family receives \$3,000 in tuition assistance and only does 20 hours (2/3 of the requirement) of approved volunteer work, then \$1,000 (1/3 of the assistance received) will be added to the two final tuition payments.

Approved volunteer options are:

Athletics – contact Jeremy Leach at jeremy.leach@ccsky.org

Cafeteria – contact Lynae Carpenter at lynae.carpenter@ccsky.org

PTCA – contact Mindy Wright at mindyw2007@gmail.com

The board strongly encourages applicants to participate in **TRIP (Tuition Reduction Incentive Program)** made available to CCS families to help minimize the amount of their tuition bill.

SECTION B: FACTORS WHICH WILL BE CONSIDERED IN DETERMINING TUITION ASSISTANCE RECIPIENTS.

- The parent/student must maintain an 80% average attendance at CBC or another Bible-believing church,
- Parents are encouraged to take over full tuition payments as soon as possible.
- Students' records will be considered.
- On-time tuition payment record from the previous year.
- Each year, tuition assistance applications will be based on the number of applications received, the need of each applicant and tuition assistance funds available.