

Salida Christian School
509 F Street – PO Box 943
Salida, CO 81201
Tuition Assistance Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Student Name: _____

Grade Student will be in for 2010-2011 School Year: _____

Reason for Needing Financial Assistance:

How much could you afford to pay each month for tuition? _____

Place of Employment: _____

Annual Family Income: _____ **Attach copy of 2009 tax return.**

Number of school age children in family: _____

Number of children attending SCS or Son Shine Inn: _____

Best time and number for contacting you: _____

Signature: _____ Date: _____