

Tuition Assistance Application



Olympic Christian School
O'Brien Rd, Port Angeles WA, 98362
office@olympicchristian.org
360-457-4640

20____ / ____ School Year

Parent/Guardian 1: _____
Email Address: _____
Home Phone #: _____ **Cell #:** _____
Parent/Guardian 2: _____
Email Address: _____
Home Phone #: _____ **Cell #:** _____

1. Attached photocopy of current year Tax Form 1040, line 37 -----> Y / N (circle one)
2. Attached other source of income documents (if available) -----> Y / N (circle one)

Dependent Information			
Name	Age	Grade	Attends OCS/OCP
_____	_____	_____	Y / N (circle one)
_____	_____	_____	Y / N (circle one)
_____	_____	_____	Y / N (circle one)
_____	_____	_____	Y / N (circle one)
_____	_____	_____	Y / N (circle one)
_____	_____	_____	Y / N (circle one)

3. Total number of claimants on current years Tax Form 1040, Line 6-D

Additional Supporting Information:

I (we) certify that all information submitted on this application is accurate. By signing this application, I (we) also acknowledge and understand the following:

1. Tuition Assistance will be divided into equal allotments, matching my (our) chosen payment plan.
2. Disenrollment of my (our) child any time after the start of the tuition assisted school year will nullify all remaining Tuition Assistance allotments from the disenrollment date forward.
3. Failure to complete this application in its entirety, as well as failure to include the required attachments will classify the application as incomplete and thus nullified. Applicant will be notified via email from office@olympicchristian.org.

Parent/Guardian 1: _____ Date _____ Parent/Guardian 2: _____ Date _____

Office Use: Approved: Y / N Amount: _____ Notified: Y / N Posted on Contract: Y / N