

Send Correspondence to:
Cornerstone Homeschool Enrichment
25320 W 247th Street
Paola, Kansas 66071

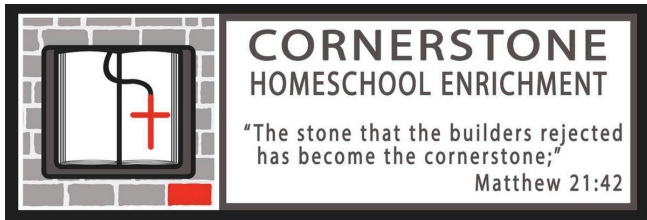
APPLICATION FOR TUITION ASSISTANCE

NONDISCRIMINATORY POLICY: Cornerstone Homeschool Enrichment (CHE) welcomes children and families of all races, colors, religions, national and ethnic origins, sexes, and those children with disabilities that fall within CHE's resources and capabilities to serve effectively.

TUITION ASSISTANCE DISCLOSURE: This application serves to request **one semester** of tuition assistance from CHE. This application should not be construed as a guarantee that assistance will be offered. Please complete the form completely and honestly. Tuition assistance decisions will be voted on by the board of directors and dependent on availability of funds in the scholarship account.

INSTRUCTIONS: Fill out this form completely and be as detailed as possible. You may also attach any supporting documentation to this application such as financial statements, tax returns, or other materials demonstrating financial hardship. Print clearly using blue or black ink.

GENERAL INFORMATION																												
Student First Name(s):																												
Student Last Name(s):																												
Address:																												
Parents Names:																												
Phone Number:																												
First year your children attended CHE:		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th># of Children</th> <th>Monthly Tuition</th> <th>Fall Tuition (Sep-Dec)</th> <th>Spring Tuition (Jan-May)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$135</td> <td>\$540</td> <td>\$675</td> </tr> <tr> <td>2</td> <td>\$260</td> <td>\$1,040</td> <td>\$1,300</td> </tr> <tr> <td>3</td> <td>\$365</td> <td>\$1,460</td> <td>\$1,825</td> </tr> <tr> <td>4</td> <td>\$470</td> <td>\$1,880</td> <td>\$2,350</td> </tr> <tr> <td>5+</td> <td colspan="3">Add \$105/month for each additional child</td> </tr> </tbody> </table>			# of Children	Monthly Tuition	Fall Tuition (Sep-Dec)	Spring Tuition (Jan-May)	1	\$135	\$540	\$675	2	\$260	\$1,040	\$1,300	3	\$365	\$1,460	\$1,825	4	\$470	\$1,880	\$2,350	5+	Add \$105/month for each additional child		
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4	\$470	\$1,880	\$2,350																									
5+	Add \$105/month for each additional child																											
Have any of your children received prior tuition assistance from CHE?																												
<input type="radio"/> YES <input type="radio"/> NO																												
Your total tuition for the semester (see chart if unsure):																												
Of the total semester's tuition, how much can you cover?																												
Why are you requesting tuition assistance? Please be detailed and use an additional sheet of paper if necessary.																												



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TUITION ASSISTANCE DISCLOSURES & ACKNOWLEDGEMENTS

(Initial and Sign where indicated)

DISCLOSURES:

- A member of the CHE board of directors may contact you to provide additional documentation such as financial statements or tax returns.
- Tuition assistance is available due to the generous contributions of donors and as such funds are limited. We would love to fully fund everyone who applies for assistance but that may not always be possible. As such, please do not apply for assistance if you do not truly need it.
- Tuition assistance decisions will be based on a review of this application and a vote by the board of directors and is also dependent upon availability of funds at the time of your application.
- Please wait two weeks before following up on this application, a member of the board will contact you regarding their decision.
- Rest assured that all information disclosed in this application will be kept under strict confidentiality and will only be viewed by our board of directors and the board secretary. If tuition assistance is granted, no one else at CHE will be aware that your child(ren) are receiving assistance.

I Understand. _____
Initial

ACKNOWLEDGEMENTS:

The information included in this application is accurate and up to date. _____
Initial

I understand that funds for tuition assistance are limited and based on financial need. I agree that as soon as I no longer need assistance I will contact the board of directors to terminate financial assistance, even if the semester I applied for is still ongoing. _____
Initial

I understand that tuition assistance is only effective for the semester I applied for and if I require assistance for future semesters I must apply again. _____
Initial

I understand that if it comes to light that I have been dishonest about my financial situation or if the board suspects the tuition assistance program is being abused my assistance can be terminated at any time. _____
Initial

Signature of Parent 1

Date

Signature of Parent 2

Date