



Parent/	Guardian's Name:		
Studen	ts Name(s):		
Address:		City/Zip:	
Phone(s): E-mail:		
Please include the following items with this application:			
	Prior Year's Tax Return (all responsible parties)*		
	W-2's		
	Balance Sheet		
	Amount you can pay monthly for tuition	\$	
Explanation needed if amounts appear in following boxes on page 1 of tax return:			
	Taxable interest		
	Tax-exempt interest		
	Ordinary Dividends		
	Self-employed SEP, SIMPLE, and Qualified Plans		
	IRA Deduction		

Fresno Christian Schools Attn: Tuition Assistance Committee 7280 N. Cedar Avenue

Send or deliver to:

Fresno, CA 93720

*If prior year tax return is unavailable, please submit a Profit and Loss Statement. Tuition Assistance will be granted contingent upon receiving prior year tax return once filed.

Please note, in order to receive and maintain an award, your student's(s') discipline record must be free from suspension and GPA must not fall below a 1.0.