

Tuition Assistance Application

2020-21



Grand County
Christian Academy

Father's Name: _____

Mother's Name: _____

P.O. Box: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

What was your household income for 2019? \$_____

Please include a copy of your 2019 W-2's and the 1st & 2nd page of your 2019 tax return.

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

Are there any extenuating circumstances you would like us to consider? If yes, please give a brief explanation.

[illegible]

Name(printed): _____

Signature: _____

Date: _____