



## Financial Assistance Request Form

### Applicant Information

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name(s) & Grade(s): \_\_\_\_\_

Date of Enrollment at LCS: \_\_\_\_\_

### Financial Information

Please attach the following documents:

- ☐ Previous 2 years of letters of Notification of Tax Assessment
- ☐ Statements of income: T4 and T4A and T2 (for business owners)
- ☐ Recent proof of financial hardship, such as job loss, medical expenses, or unexpected financial burdens

### Assistance Request

Total Annual Tuition Fee: \$\_\_\_\_\_

Other Assistance Requested (Fees for Services): \$\_\_\_\_\_

Amount of Assistance Requested: \$\_\_\_\_\_

Have you previously received financial assistance from LCS? ☐ Yes ☐ No

If yes, please specify the year(s) and amount(s): \_\_\_\_\_

Are you currently in arrears with tuition payments? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

### Statement of Need

Please provide a brief explanation of your current financial situation and the reasons for requesting assistance. Include any relevant details about changes in employment, health issues, family circumstances, or other factors affecting your ability to pay tuition.

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**Additional Support**

Have you sought financial assistance from other sources (e.g., church, family, community organizations)? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

Are you a member of a local church? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

**Acknowledgment and Signature**

By signing below, I/we certify that the information provided in this application is true and complete to the best of my/our knowledge. I/we understand that:

- Financial assistance is intended as temporary support during times of financial hardship.
- Assistance is not guaranteed and is subject to availability of funds and assessment of need.
- Maximum assistance typically does not exceed 50% of annual tuition and is usually granted for one year.
- Continued eligibility requires reapplication each year, and assistance may be reduced over time.
- All information will be kept confidential and used solely for the purpose of assessing financial need.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Instructions:**

Please submit the completed application and all supporting documents to the LCS Head Administrative Office by June 20th for consideration for the upcoming school year. Late applications may be considered based on available funds.

For questions or assistance with this application, please contact the Director of Finance at [djensen@langleychristian.com](mailto:djensen@langleychristian.com).

**Office Use Only**

Date Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Decision: ☐ Approved ☐ Not Approved

Amount Granted: \$\_\_\_\_\_

Date of Notification to Family: \_\_\_\_\_