

Riverdale Christian Academy

Tuition Assistance Form

Name of student: _____

Full- or part-time: _____

Amount able to pay: _____

Please attach proof of income.

Is your financial situation expected to change in the next 12 months? _____

I, _____, guarantee that this information is accurate to the best of my ability and to pay the amount by the first of every month.

Sign:

Date:

****Office Use Only****

Tuition assistance granted? _____

If not, reason why not:

If granted, amount granted: _____

Notes: