



TUITION GRANT APPLICATION FORM

(Please return to School Office by October 15th)

For School Year: _____

Name of applicant: _____

Address: _____

Please describe the schools all of your children attend and the amount you spend in tuition for them:

Please describe the ways in which you or members of your family volunteer for and support the Glenview New Church Schools or the Glenview New Church:

Please describe your reasons for requesting a grant for your child(ren), and is there anything else you would like the committee to know as it makes its grant determinations?
