

RIVER OF LIFE CHRISTIAN SCHOOL

6902 E. Golf Links Road

Tucson, Arizona 85730

520-790-7082 Phone

520-790-3891 Fax

APPLICATION FOR FINANCIAL AID

Name of parent/guardian: _____

Address: _____

Telephone: Home: _____ Work: _____

Cell: _____

Email address: _____

Children currently enrolled at River of Life Christian School

Student Name	Grade 2009-2010	Annual Tuition
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
	Total	\$ _____

Of the total costs, we believe that we can pay: \$ _____

Of the total costs, family and friends contribute \$ _____

Of the total costs, Arizona State Tax Credit Amount \$ _____

We request the remaining amount in Financial Aid \$ _____

Signed: _____ Date: _____

IF THERE ARE MATTERS CONCERNING YOUR FAMILY OR FINANCIAL SITUATION THAT THE FINANCE COMMITTEE SHOULD BE AWARE OF, PLEASE STATE THEM ON THE BACK OF THIS FORM.