

**PARTNERS IN EDUCATION
APPLICATION**



The Partners in Education Policy is meant to help those who have fallen on hard times, or find themselves temporarily in a financial bind. The fund is not meant to be “free money.” We ask that when your financial situation stabilizes, you make every effort and attempt to repay whatever money was given to you in order to help others in similar situations.

Parent or Guardian 1:

First Name _____ Last Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Marital Status: ___Married ___Divorced ___Separated ___Widow
(er)

Are you paying child support? ___Yes ___No If Yes, Amount \$ _____per month

Are you disabled? (Explain) _____

Parent or Guardian 2:

First Name _____ Last Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Marital Status: ___Married ___Divorced ___Separated ___Widow
(er)

Are you paying child support? ___Yes ___No If Yes, Amount \$ _____per month

Are you disabled? (Explain) _____

CCS STUDENT INFORMATION: Please list all students for which you are seeking financial assistance:

Student 1: _____ Age _____ Relationship _____

Student 2: _____ Age _____ Relationship _____

Student 3: _____ Age _____ Relationship _____

Additional Family Information: Share your special circumstances to help us better understand your needs more clearly. (Use additional paper to explain)



GUIDELINES FOR QUALIFYING

1. Completely fill out the Financial Application
2. Submit last year's 1040 form

Based on the family's AGI the family will be expected to partner with CCS by paying:

- 0.13% of their AGI for one child
- 0.15% for two children
- 0.16% for three or more children

STIPULATIONS

1. The family needs to show initiative at paying their tuition.
2. The family needs to be active at school activities and functions.
3. The family is encouraged to utilize the SCRIP program. (This also shows initiative in paying for their tuition.)
4. Additional Partners in Education funds may be distributed above for what a family qualifies for based upon unusual circumstances and availability of funds.

I understand that the intent of the Partners in Education Fund is to provide aid with the hope that the fund will one day be self-sufficient; sustained by parents returning to the fund what they have used – as they become financially able. I also understand that funds are not guaranteed and will be dispersed when funds become available.

SIGNED _____ DATE _____

Please Print _____

ALL INFORMATION MUST BE COMPLETED BEFORE CONSIDERATION.