

Growing in the Son Tuition Reduction Request

Parent Name _____ Date _____

Mailing Address _____ Phone # _____

Email Address _____

Child's Name _____ Birthdate _____

Number of Dependents _____ Previous Scholarship Recipient Y ___ N ___ If Yes, Amount _____

MONTHLY

EARNINGS/INCOME

Salary #1 (net take-home)	
Salary #2 (net take-home)	
Child Support	
Unemployment Benefits	
Other (less taxes):	

GIVING

Church	
Other Contributions	

SAVING

BALANCE

DEBT

BALANCE

Credit Cards		
Education Loans		
Other:		

HOUSING

Mortgage/Taxes/Rent	
Home phone/Internet	
Cell Phone	
Electricity/Gas	
Other:	

AUTO/TRANSPORTATION

CAR PAYMENTS	
GAS	
Parking	
Public Transportation	

MONTHLY

INSURANCE (Paid by you)

Auto	
Homeowners	
Life	
Medical/Dental	
Other:	

PERSONAL

Groceries	
Clothes Purchased/Dry Cleaning	
Gifts	
Household Items	
Personal Items	
Education i.e. tuition, etc.	
Meals Out	
Movies/Events	
Babysitting	
Travel (Vacation/Trips)	
Fitness/Gym Fees	
Sports	
Hobbies	
Other:	

PROFESSIONAL SERVICES

Child Care	
Medical/Dental/RX	
Legal	
Counseling	
Other:	

TOTAL MONTHLY INCOME	
LESS TOTAL EXPENSES	
INCOME OVER/UNDER EXPENSES	

I verify that the information submitted is correct.

Date

Applicant Signature

Updated: 11/18/2019

Please attach a copy of pages 1 & 2 of your current income tax form.