



Short Term Program Fee Relief Application Form April to June 2020

Student Information

First and last name of student _____ Grade _____

First and last name of student _____ Grade _____

First and last name of student _____ Grade _____

First and last name of student _____ Grade _____

First and last name of student _____ Grade _____

Parents / Guardians information

Name of Father/guardian _____

Name of Mother/guardian _____

Phone number(s) _____

Email(s) _____

Financial information

Recent changes in financial situation due to

- ☐ Job Loss
- ☐ Reduced work / hours
- ☐ Other (please provide details on next page)

I have applied for Employment Insurance Benefits

- ☐ Yes – Please provide start date of claim _____
- ☐ No

Program Fee Arrangement

- ☐ I would like to request program fee deferral such that April to June program fees to be paid over the period of (month)_____ to (month)_____.
- ☐ I would like to apply for program fee assistance.

Amount my family can pay during April to June 2020 \$ _____

Program fee assistance amount requested \$ _____



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Please describe in detail the changes to your family and your family's financial situation, including both parents' job situation as applicable. Attach additional sheet if needed.

- ☐ I certify the information provided above is true and correct.
- ☐ Upon approval of this assistance application, I understand that if my financial situation improves during April to June 2020 and my family no longer requires assistance, I will inform Trinity Christian School of the changes.

TCS reserves the right to request additional documentation if required.

Application completed by:

Name

Signature

Date