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TUITION GRANT APPLICATION 2024-2025

_____ Last Name	_____ First Name	_____ Annual Income*
_____ Address	_____ Spouse's Name	_____ Annual Income*
_____ City, State		

* **Adjusted Gross Income** from your most recent tax forms.

A copy of the page which contains **Adjusted Gross Income** must
Accompany this application

	List Children Living in Household	Age	School	Grade	Annual Income
1.					
2.					
3.					
4.					
5.					
6.					

TOTAL FAMILY INCOME

Eligibility Guidelines are printed on the back side of the application.

Please explain any circumstances that may be helpful for the committee: _____

Certification and Signature: I certify (promise) that all information on this application is true and that all income is reported. I understand that I will be receiving tuition assistance based on the information provided. **I understand that the school may verify or check the information provided.** I understand that if I purposely give false information, I will not receive tuition aid and will not be eligible to reapply.

_____ Signature of Adult Completing Form	_____ Printed Name of Adult Completing Form	_____ Date
_____ Phone Number	_____ Social Security Number (Required)	

For Administrative Use:

Application Approved

☐

Date: _____

Application Denied

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Reason Denied: _____