

P.O. Box 20 Checotah, OK 74426 Phone: (918) 473-3462 Fax: (918) 473-0135

## **Tuition Assistance Application**

Student's Full Name:	Date:		
Family Contact:			
Address:	State:	Zip:	
Phone:	Relation to Studen	t:	
As a non-profit, Christ centered program, we recoring hope to individuals struggling with life continents find freedom through Jesus Christ. We are unition by means of various fundraising method	trolling issues, such as dr re able to provide \$110	rug addiction or alcoh 0.00 monthly toward	nolism, by helpin ds your student'

bring hope to individuals struggling with life controlling issues, such as drug addiction or alcoholism, by helping them find freedom through Jesus Christ. We are able to provide \$1100.00 monthly towards your student's tuition by means of various fundraising methods. We ask that you, the family and friends, partner with our organization by providing a minimum of \$500 a month towards your student's program. If you are financially unable to provide this portion of the monthly tuition, please fill out this application below. This will give us a better understanding of the student's and your financial situation. We will review the application and respond accordingly.

## **Monthly Tuition Breakdown**

Balance Due Monthly

(the portion we ask you to pay) \$500.00

Tu	ition Assistance Application – Required Financial Information	:	
1.	Are you currently employed (Full or Part Time)?		
2.	Do you currently receive Disability or any Government Assist	ance?	
3.	If you answered yes, how much do you receive monthly?	\$	Monthly
	The induction fee is currently \$1,000, and tuition is \$500/monount?	onth. Are you able to pa	y any portion of this
5.	If answered yes, how much can they pay?		
\$_	, One Time Induction Fee \$	_/Tuition Every Month	
6.	Please describe in detail below why you are unable to pay tu	ition, and need tuition a	assistance
Si	gnature	Date	