



Trinity Christian Education Tuition Assistance Request Application Form

2024-2025 School Year – Deadline: July 31st, 2024

This program is a way for Trinity’s members to show their Christian love for one another – helping a family in need who may be struggling to afford Trinity’s K-8 Christian Education. It is a means for others to give from their heart to help families receive a Christian Education on a daily basis.

If applying for assistance, please fill out the information below.

General Information

Family Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Names of Children Attending Trinity: _____

Brief description of why you should be considered for this program:

- Provide a copy of last year's tax returns with W-2's.
- If you'd like to prepare a document explaining your situation, please attach it to this form.

School Choice Program Personal Financial Information

Eligibility guidelines will be based in part on the Wisconsin Parental Choice Program Income Limits published on the Wisconsin Department of Public Instruction’s website. This limit is based upon household income and number of dependents living at home and is published each year shortly after July 1.

Total annual household income could be best described as being:

Check the box that applies to your family	Family size	Maximum Yearly Income
_____	1	\$27,478
_____	2	\$37,202
_____	3	\$46,926
_____	4	\$56,650
_____	5	\$66,374
_____	6	\$76,098
_____	7	\$85,822

For each additional member add \$9,724.

If the student’s parents/legal guardians that reside in the same household are married, their income is reduced by \$7,000 when determining income eligibility for the program (i.e. married family income minus \$7,000 is the income amount married families compare to the tables above) For example, if a family of four with parents that are married has an income of \$60,000, subtract \$7,000 from their income and compare that amount (\$53,000) to the income limit for a family of four in the appropriate table above. Family size includes parents/legal guardians and their children by birth, marriage or adoption that reside in the same household as the student applicant.

Support from this program will only be dispersed to the school for tuition. No funds associated with this program will be given directly to the families.

Your signature below certifies that the previously mentioned information is true and accurate.

Applicant’s Signature

Date

Office use only:

Date this application was received: _____

Trinity staff member who received this application: _____