

**EASTERN CHRISTIAN SCHOOL TUITION AID
APPLICATION FORM**



Faith
Community Church

Please return this form to the office at Faith Community. It can also be emailed to office@faithcommunitycrc.com. Please call 201-891-9450 with any questions.

Date: _____

Name: _____

Name of child(ren) enrolled:

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Monthly tuition: \$ _____

Amount requested: \$ _____

Comments: _____

Signature: _____

Date: _____