



# ST. DAVID'S

## EPISCOPAL DAY SCHOOL

### Tuition Assistance Application

Tuition assistance is available to those families that may not otherwise be able to afford private school or for those that are experiencing temporary hardships. It is awarded based on family size, income and special circumstances. St. David's Episcopal Day School is committed to helping those that want their children to experience high quality education with a Christian foundation at our school but may not have the financial means to attend. If you are a family who meets this criterion, please complete this application which is due at the time of your admissions application. You must provide a copy of your most recent tax return along with this application.

#### Family Information

**Child's Full Name:** \_\_\_\_\_  
First Middle Last Jr, III, etc.

**Applying for admission in (please circle):**

Twos, Young Threes, Threes, Young Fours, PreK, Kindergarten, Kindergarten Enrichment

**What will be your child's daily schedule for the 2020-2021 school year?**

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Primary phone number:** \_\_\_\_\_  
Month Date Year

**Home address:** \_\_\_\_\_  
Street City State Zip

**Status of parents (please circle):**

Married Separated Divorced Single Deceased

**Child lives with:** \_\_\_\_\_

|                              | Parent/guardian #1 | Parent/guardian #2 |
|------------------------------|--------------------|--------------------|
| Name                         |                    |                    |
| Employer                     |                    |                    |
| Position                     |                    |                    |
| How long employed            |                    |                    |
| Work phone #                 |                    |                    |
| Annual income (before taxes) |                    |                    |
| Addition income & source     |                    |                    |
| Savings account balance      |                    |                    |
| Monthly housing payment      |                    |                    |
| Do you rent or own?          |                    |                    |
| Number of dependent children |                    |                    |
| Ages of dependent children   |                    |                    |

**Outstanding Debts**

**Please list any outstanding debts (bank, credit or other), balance due, and monthly payment.**

| Debt | Balance Due | Monthly Payment |
|------|-------------|-----------------|
|      |             |                 |
|      |             |                 |
|      |             |                 |
|      |             |                 |

**Other Aid Sources**

**Are you receiving any of the following sources of financial aid (please check)?**

| Aid                                     | No | Yes | If yes, how much? |
|---|----|-----|-------------------|
| Food stamps                             |    |     |                   |
| Subsidized housing                      |    |     |                   |
| Loans/income from family and/or friends |    |     |                   |

**Expenses**

**Monthly expenses exclusive of rent/mortgage, utilities and food.**

| Item | Amount |
|------|--------|
|      |        |
|      |        |
|      |        |
|      |        |
|      |        |

**Hardships**

**Explain your family's circumstances that affect your income or your ability to pay tuition during this upcoming year (attach pages, if necessary):**

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**What portion of tuition are you requesting for consideration? Please enter a specific amount. Please note, our school's expectation is that all families pay a portion (even if it is a small contribution).**

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## Signatures

By the signatures below, I/we attest that the information provided in this application is accurate, complete, and current. I also understand that this is for use by the Tuition Assistance Committee only and that all responses are kept confidential.

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Parent/guardian #1 signature

Date

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Parent/guardian #2 signature

Date

**Reminder: Please include a copy your most recent income tax return with this application.**

**Please mail or drop off this application to (we prefer not to have electronic copies due to the confidential nature of the information):**

St. David's Episcopal Day School  
ATTN: Tuition Assistance Committee  
765 S. Valley Forge Rd.  
Wayne, PA 19087

**St. David's Episcopal Day School does not discriminate in the administration of educational programs, admission, financial aid, or employment practices on the basis of race, color, sex, age, religion, marital status, socio-economic status, disability, ethnic or national origin, sexual orientation, or citizenship.**