

LANSING CHRISTIAN

3405 Belle Chase Way, Lansing Michigan 48911

Phone: (517)882-5779 Fax: (517)882-5849

Tuition Assistance Scholarship Application - Addendum

Parent's Name(s):	Home Phone: Cell Phone: Cell Phone: (Circle the best contact numbers)
Number of Years Family at Lansing Christian School:	
Child's Name	Grade for School Year 2009-2010
Total Financial Assistance Requested (Note: This must be filled in to be considered for a grant):	

Please describe your finances or anticipated changes in your income or family situation that has resulted in your current need for assistance. (Attach a separate sheet if necessary.)	
Parent Signature	Date
Parent Signature	Date
Signature of person responsible for student(s) financial obligations (if other than yourself)	Date

If you have any questions regarding the application process, please contact Mary at the LCS Main Office at (517) 882-5779.

Return this form to Mary in the Main Office when complete.