

Seventh Reformed Church Christian Education Endowment Fund

CHRISTIAN SCHOOL Education Assistance Form

Please print form, fill out information requested, and place in Ward DeVries' church mailbox. Please include a proof of enrollment and grade level from the school for each child.

Parents' Names: _____

School's Name and address: _____

<u>Child's Name</u>	<u>Grade Level</u>	<u>Tuition Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cost of Tuition: _____

Parents' Tuition Pledge: _____

Remaining Balance Requested for CEEF Assistance: _____

Parents' Signatures: _____

Date: _____

Committee Chair Signature: _____