Tuition Assistance

Statement of Confidentiality/Notice to Applicants:

Initials and signatures required.
Please email completed form to: LCSTuitionAssistance@lcschool.org

All applicants please read and initial your acknowledgment of the following:

_____ Applying for tuition assistance is to remain strictly confidential at all times between the Tuition Assistance Committee and you, the applicant.

_____ Receipt of a tuition grant is to remain strictly confidential at all times between the Tuition Assistance Committee, Director of Operations, and you, the recipient.

_____ Should your financial position change from the time of your application, you are required to inform the Tuition Assistance Committee accordingly. These changes include, but are not limited to: a change in employment status, significant change of income, receipt of financial assistance from outside sources, or any change in the number of siblings/students enrolled.

_____ If actual income exceeds your anticipated income as reported on your application by more than $20,000 notify the Tuition Assistance Committee within 30 days.

_____ I/we understand that failure to comply with confidentiality and full disclosure of financial information will impact current and future tuition assistance eligibility, i**ncluding the immediate loss of assistance.**

_____ I/we understand that students receiving grants must demonstrate good academic standing and conduct. Disciplinary issues may be reviewed by the Tuition Assistance Committee and may impact current and future grants.

_____ I/we understand that we as parents are to adhere to the conduct expectations and conflict resolution as outlined in the Parent-Student Handbook.

_____ I/we also understand families are expected to remain current with their tuition and incidental payments in order for their grants to be sustained. I/we understand any unpaid balances from the prior school year must be brought current before tuition grants will be considered.

_____	_____	_____
Name (please print)	Signature of Applicant	Date

_____	_____	_____
Name (please print)	Signature of Applicant	Date