

KINGDOM KIDS  
APPLICATION FOR TUITION ASSISTANCE  
**Mt. Lebanon Evangelical Presbyterian Church**  
**Children's Ministry**  
**255 Washington Road**  
**Pittsburgh, PA 15216**  
**412-531-6227 ext. 205**

**PLEASE PRINT CLEARLY:**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/ State/Zip \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Gross Income in 2016 \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Gross Income in 2016 \_\_\_\_\_

Email contact \_\_\_\_\_

Names and ages of children living in your household \_\_\_\_\_

\_\_\_\_\_

Enrolling in KKNS for:    2 days/week    3 days/week AM    3 days/week PM    3 1/2 days/week

Please indicate the amount of tuition assistance you are requesting: \$ \_\_\_\_\_ per month

*Note: Tuition Assistance does not exceed 50% of monthly tuition*

State why you need assistance with your child's tuition, and list any special circumstances-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Use back if necessary)

Total Monthly Net Income \$ \_\_\_\_\_

Please provide us with an estimate of your monthly expenses. (Use back if necessary)

Mortgage/Rent/month \_\_\_\_\_ Car payments \_\_\_\_\_

Utilities \_\_\_\_\_ Loans \_\_\_\_\_

Credit Cards \_\_\_\_\_ Medical expenses \_\_\_\_\_

Other \_\_\_\_\_ **Total** \_\_\_\_\_

Requested assistance to be: full year \_\_\_\_\_ or temporary \_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)

**You must also provide a copy of your Income Tax return for 2016, and a recent paystub.**

Signed: Father: \_\_\_\_\_ Phone \_\_\_\_\_

Mother: \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE: Children awarded with Tuition Assistance are not eligible for Lunch Bunch.**