615-356-5600	brownl@nashvillechristian.org	Fax 615-352-1324
	APPLICATION FOR FINANCIAL ASSI 2016-2017 School Year	STANCE
Student(s)		
Parent/Guardian(s)		
Address/Zip		
Telephone #s: (Home)	(Cell)	
E-Mail(s)		
List children (and their a	ges) who are living with you but will not be	attending NCS:
Do you own your home (() or rent it ()?	
Do you receive child sup	port for the above students? () Yes $($)	No
is limited in the amou available is given to t requesting financial ai	hool does not receive funds to replace fint of aid that can be given. For that re hose families most in need of assistance d, and list any extenuating circumstance as well as sources of income in addition t	ason it is important that the aid e. Please state your reasons for res which you feel would qualify
Signature of Parent/Gua	nrdian	Date
Retu	rn this application directly to the NCS	business office.

Nashville Christian School