

## **Questionnaire For Tuition Assistance** 2024-25

Please complete and return this form to Christine Schwerin, Director of Finance, Grace School, 10219 Ella Lee Lane, Houston, TX 77042 or email the completed form to cschwerin@graceschool.org

Student Name(s)	
	Grade
	Grade
	Grade
Student(s) Address:	
City:	State: Zip:
Applicant's Information	Co-Applicant's Information (if applicable)
Name:	Name:
Address:	Address:
City: State: ZIP:	City: State: ZIP:
Home Phone:	Home Phone:
Email:	Email:
Occupation:	Occupation:
Bus. Phone:	Bus. Phone:
Relationship to Student:	Relationship to Student:
Financial Information	
Gross Monthly Income from ALL Sources:	\$
Monthly mortgage/rent payment:	\$ Own Home: Yes No
No. of children in college:	No. of children in private school:
Tuition Assistance Request	
2024-25 Tuition*:	\$
Less portion parent agrees to pay:	\$
Amount of tuition assistance requesting:	\$ (required field)
*Subject to change based on the release of 2024-25 tu	uition rates.
· -	n application for admission and have paid the \$150 application fee ll as answers on the ISM FAST Tuition Assistance online application
Parent/Guardian Signature	Date