



March 1, 2010

Dear Parents of 2010-11 HBCS Students,

Grants of tuition assistance in the amount of a 25% discount of a student's tuition base will be awarded to **three** selected recipients for the 2010-11 school year. The application may be accessed by scrolling down on this document. It may also be retrieved from www.hbczni.org by clicking on the elementary or MHS downloads or you may pick up an application from the school office.

If you are applying for more than one child, only one application is needed per family. The entire application must be completed and returned to the office by Friday, March 19, 2010 by 2:00 pm.

A number will be assigned per applicant. For the purposes of anonymity, no identifying information is requested on pages 2 and 3. Page 1 will be maintained at the school office; pages 2 and 3 of your application will be forwarded to a committee which will review the applications and select the recipients. This committee will not have knowledge of the names of the applicants.

Approximately 3-4 weeks after the deadline for submission of applications, a decision will be made concerning the grant recipients. All applicants will be notified by phone or by mail regarding the outcome.

Sincerely,

Janie C. Lamothe
Administrator

Highland Baptist Christian School

708 Angers St.
New Iberia, Louisiana 70563
Phone: 337-364-2273
Fax: 337-369-6303

Application Number(s): _____

Date: _____

Application for Tuition Assistance

Student Information

(complete this section for each of your children @ HBCS; print additional names on back if needed)

Attach: copy of your child(ren)'s report card(s) from the most recent school year. Black out any personal names.

Attach: copy of W-2 from parent(s)/legal guardian(s). Black out any names, addresses, social security numbers or any other private information.

Student Name: _____
Last First Middle Date of Birth

Entering Grade _____ for the school year 2010-11

Office Use Only: App. #: _____
Will receive tuition asst. _____ Will NOT receive tuition asst. _____

Student Name: _____
Last First Middle Date of Birth

Entering Grade _____ for the school year 2010-11

Office Use Only: App. #: _____
Will receive tuition asst. _____ Will NOT receive tuition asst. _____

Student Name: _____
Last First Middle Date of Birth

Entering Grade _____ for the school year 2010-11

Office Use Only: App. #: _____
Will receive tuition asst. _____ Will NOT receive tuition asst. _____

Parent/Guardian Information

Father Name: _____

Guardian Name (indicate relationship to student): _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____ Employer Phone: _____

Employer Name/Address: _____

Mother Name: _____

Guardian Name (indicate relationship to student): _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____ Employer Phone: _____

Employer Name/Address: _____

HBCS does not discriminate on the basis of race, color, national or ethnic origin.

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Highland Baptist Christian School

Application Number(s):

The primary objective and purpose of Highland Baptist Christian School (HBCS) is to train the student in the knowledge of God, the Christian way of life and to give the student an excellent education. We are dedicated to the development of moral character, the enrichment of spiritual lives, and the perpetuation of growth in Christian ideals. The teachers of HBCS realize their solemn responsibility before God in molding the life and character of each of their students in order to give a good foundation for each child’s future.

HBCS is a non-profit school supported by tuition, fees and gifts. HBCS grants of tuition assistance will be awarded on a one-year basis with no commitment beyond that one year as the grants are funded by non-recurring money sources. In the spirit of fairness and candor, applicants must indicate any source of income beyond the immediate family. Should there be a severance of the academic relationship between the student and HBCS, tuition credits will cease on that day. This grant application is accepted under conditions of total anonymity and confidentiality by the HBCS Scholarship Committee. All decisions will be made only to determine suitability for a grant and not as a judgment on a particular family’s lifestyle or environment. The recipient of the grant would not be eligible for the discount that is applied to a one-time whole year payment. A monthly payment schedule will be required of all grant recipients with the grant tuition credit applied monthly.

PAGES 2 AND 3: DO NOT INDICATE ANY NAMES OF PARENT/GUARDIAN, STUDENT AND/OR FAMILY.

Financial Background

Annual estimated family income (wages, salaries, commissions, etc.)
Any additional source of income beyond the immediate family including alimony, child support, etc.
Extraordinary expenses during the last 12 months (out of pocket medical expenses, uninsured property loss, etc.):

	Balance owed	Monthly payment
Total estimated indebtedness: Car(s)	_____	_____
Home Mortgage	_____	_____
Credit Cards	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
	Total	_____

Total estimated liquid assets (do not include real property, retirement vehicles such as IRA’s, 401K’s etc.):

Savings Accounts	_____
Stocks/Bonds	_____
Other	_____
	Total

Personal Information

Application Number(s):

Number of children in family: _____

Ages and/or grade level of all children:

Number of children at HBCS: _____

Number of children currently receiving tuition assistance: _____

Number of children at other private schools: _____

Number of children in public schools: _____

Please give a short statement concerning your reason(s) for enrolling your child(ren) in HBCS. (50-100 words)

Please give a short statement as to why your child(ren) should receive a grant for tuition assistance. (50 – 100 words)

