



# VALLEY CHRISTIAN

FAITH • WISDOM • SERVICE

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**JERI SCHALL MEMORIAL FUND AND NEED-BASED  
TUITION ASSISTANCE APPLICATION  
2017-2018 ACADEMIC YEAR**

Valley Christian Schools desires to help families in their pursuit of a Christian, college-preparatory education centered on faith, wisdom, and service by offering need-based tuition assistance. At the same time, we also expect each family to make the financial sacrifices necessary by stretching their financial resources to meet a fair portion of the cost of tuition.

All need-based tuition assistance decisions are made by our Financial Aid Committee based on the demonstrated financial needs, student's full investment to fulfill the school's mission, and student's demonstrated potential to be successful in the rigors of a college-preparatory curriculum. The Financial Aid Committee will use information provided by the application and FACTS and it will determine each applicant's financial aid award each year.

**Application Checklist:**

- Return this Application to the Accounting Office at VCS
- FACTS Tuition Assistance Aid Application
  - Submit to [www.factstuitionaid.com](http://www.factstuitionaid.com)
  - Payment of \$30.00 application fee paid directly to FACTS
  - 2016-2017 Federal Tax Return
  - 2016-2017 W-2s or 1040
  - Copies of supporting documentation for household Non-Taxable Income

**Application materials due by March 15, 2017 for Priority Consideration—Returning Students  
or April 15, 2015—New Students**

Student(s) Name(s) \_\_\_\_\_

2015-2016 Grade Level (s) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Father/Guardian's Full Name \_\_\_\_\_

Father/Guardian's Email \_\_\_\_\_

Mother/Guardian's Full Name \_\_\_\_\_

Mother/Guardian's Email \_\_\_\_\_

**Parents/Guardians**

Please explain any unusual need or special circumstances which affect your ability to pay tuition, especially those that would not be included in the financial reporting for the FACTS Tuition Aid Application.

What is your **total** anticipated financial need for the 2016-2017 school year?      \$ \_\_\_\_\_

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I/We understand that **Jeri Schall Memorial Fund** awards are the sole responsibility of the **Jeri Schall Memorial Fund Granting Committee (JSMGC)** and the decisions of the committee are final.

I/We understand that I am responsible for any remaining balance of all other tuition and fees, as well as compliance with the terms and conditions of Valley Christian Schools' Financial Policy and Enrollment Contract.

I/We understand that I must sign and return the **Jeri Schall Memorial Fund** Acceptance/Denial Form to the Accounting/Finance Office within **two weeks of the date of the letter or by the specified date required on the acceptance/denial form**. Failure to do so will result in the forfeiture of any allocated funds. I/We understand that families **new** to VCS for the 2015-2016 school year may be eligible for an enrollment fee refund should VCS be unable to meet the family's financial needs.

I/We have read the attached **Jeri Schall Memorial Fund** Policy and agree with the terms of this policy. I understand that failure to comply with the guidelines and expectations of the Valley Christian Schools' **Jeri Schall Memorial Fund** Policy may disqualify my application.

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**Parent/Guardian Signature**

**Date**

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**Parent/Guardian Signature**

**Date**

**Please return this form to Valley Christian Schools Accounting Office**

**7500 Inspiration Drive, Dublin, CA 94568**