



**TRINITY CLASSICAL ACADEMY**  
**SUPPLEMENTAL TUITION ASSISTANCE QUESTIONNAIRE**  
2009-2010 SCHOOL YEAR  
PO BOX 802679  
SANTA CLARITA, CALIFORNIA 91380-2679  
(661) 296-2601

**Dear Trinity Family:**

In order for the Trinity administration to fully understand each family's unique circumstances and requests for Tuition Assistance, please complete the following questionnaire and submit it to the Trinity office. It is acceptable to attach a typewritten response if the space provided is not adequate.

Family Name: \_\_\_\_\_

Are there special circumstances not represented in your CFA application that would be helpful for us to know?

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Do you have all of your children enrolled at Trinity? If not, please explain.

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**For returning families**, please check ALL partnership events that you attended/completed:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Orientation/Dedication Night | <input type="checkbox"/> Volunteered at school                              | <input type="checkbox"/> Vision Night 2008 |
| <input type="checkbox"/> Back to School Night         | <input type="checkbox"/> WorshipFest donations totaling at least \$250      |  |
| <input type="checkbox"/> Parent-Teacher Conferences   | <input type="checkbox"/> 2008 Spring Gala donations totaling at least \$500 |  |

Please describe both parents current work status (i.e., numbers of hours per week, place of employment, volunteer hours per week, etc.).

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Are there additional ways your family can contribute to Trinity's mission? Please explain.

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Please prayerfully consider your family's financial situation and creatively think through ways to pay tuition, minimize other expenses and bring other income to your home (i.e., mother works part or full-time). After examining all these factors, what is the maximum amount of tuition you believe you can pay? (Please specify monthly or yearly).

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