



Church Evaluation for Tuition Assistance

DAYTON CHRISTIAN SCHOOL
9391 Washington Church Road, Miamisburg, OH 45342
(937) 291-7212 FAX: (937) 291-7213
www.DaytonChristian.com

Parent/Guardian is to complete information in this section (please print):

Family Requesting Tuition Assistance: _____
First Name and Last Name of Mother/Father/Guardian

Name of my Church: _____

Pastor's Name: _____

Church Address: _____

_____ Church Phone #: _____

City _____ State _____ Zip _____

Amount of aid you are applying for from DCSS \$ _____ (An amount **MUST** be shown)

I, the undersigned, authorize my church to send the following information to DCSS.

Parent/Guardian Signature _____ Date _____

Dayton Christian School System Mission Statement

Dayton Christian School System partners with responsible Christian families and their churches in educating their children to become like Christ and preparing them to fulfill God's purpose for their lives.

PASTOR is to complete information in this section and return the form to the DCSS Admissions Office:

1. Does the head pastor know this family personally? Yes No If no, is there a church leader that we can personally contact about this family? If so, please provide person's name and phone: _____

2. Which members of the family are Christians? _____

3. Does the family (father, mother and children) participate regularly (at least three [3] times per month) in church services? Yes No

<i>Frequency:</i>	<u>Weekly</u>	<u>Monthly</u>	Additional Comments: _____
Father	_____	_____	_____
Mother	_____	_____	_____
Children	_____	_____	_____

4. Approximately how long has this family attended your church? _____

5. Are you giving, or have you given in the past year, financial help to the above family for:	Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Utilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. From the perspective of this family's spiritual and financial condition, the church ___ would, ___ would not be willing to extend financial support to the needs of this family. If no, why not? _____

_____ (___ Family has not been in our church long enough to answer this)

7. Does your church have a financial assistance program for Christian Education? Yes No

a. If yes, would you consider providing financial assistance to the family for the current school year at DCSS? Yes No

b. If no, would you be interested in starting a financial assistance program for Christian education at your church? Yes No

Pastor's/Church Official's Signature

Title Date

Pastor – Please return by fax or mail to:
Dayton Christian School System Admissions Office
9391 Washington Church Road
Miamisburg, OH 45342
FAX: (937) 291-7213

January, 2012

Dear Pastor,

We at Dayton Christian School System are committed to coming alongside the local church and the family to do all we can to help “train their child in the way they should go . . .” to bring that child to a point of spiritual maturity. In following through with this commitment we need feedback from you concerning this family’s commitment to your fellowship. The instrument we have to do this is our Church Evaluation for Tuition Assistance form.

The family that has presented this to you is under a time constraint and will need your cooperation to expedite this form. With urgency in mind, we have provided our Admissions Office fax number at the bottom of the form. In the event that the Pastor is out of town or unreachable, please have a church official complete, sign, and fax or return this form promptly. Any questions you have concerning this request may be addressed to the Admissions Office at (937) 291-7215.

Serving Christ with you,

Kevin L. Cordner
Admissions Office Manager