

FINANCIAL SCHOLARSHIP REQUEST
Christ Church Day School
2304 Highway 17 N
Mount Pleasant, SC 29466
843.884.9197

Name of Parents:
Student's Name:
Class Requested:
Address:
Telephone Number:
Email Address:

Please state your reasons for financial aid for the _____ school year.

All scholarship requests must be submitted annually to the director. During winter registration, requests should be attached to the school application.

If your financial aid request is granted, it will be expected that you participate regularly with our Parent Volunteer Committee.

PLEASE LET US KNOW IF THE SITUATION CHANGES SO THAT WE MAY HELP ANOTHER FAMILY IN NEED.

Office Use Only : Upon receipt of aid, monthly tuition due by family \$ _____