

Chenoweth Scholarship Program



"The most important thing for me was people – staff, kids, families. That's what it's all about."

- Jim Chenoweth, Former TRCS Administrator

One of the most difficult things about tuition-driven schools is the issue of affordability. It has always been the dream of Jim Chenoweth, former TRCS Administrator, that finances should never be an issue preventing families from giving their children a Christian education. Because of generous donors, TRCS is able to offer a financial aid program that helps defray a significant portion of tuition for many families in need. However, in some situations, that financial aid isn't enough. When death, illness, job loss, or other tragedies strike, many families are forced to disrupt their child's education. When they need continuity and the love of their school family the most, the burden of cost gets in the way.

The Chenoweth Scholarship Fund is a separate fund held by TRCS and distributed by a scholarship committee that will help students in duress to stay in school. The fund will be monitored by a scholarship committee that will collect tax-deductible donations and then privately evaluate need and awards. The name of the fund honors the heart of the man who has always known that these children are the center of the ministry – and the fund itself helps those children continue to have that ministry when they need it most.

Please consider becoming a regular donor to this fund. Your monthly gift of \$25, \$50, \$100 or more can help a student's life be less disrupted when tragedy strikes.

I WANT TO DONATE TO THE CHENOWETH SCHOLARSHIP PROGRAM:

NAME : _____

ORGANIZATION/COMPANY: _____

ADDRESS: _____ PHONE #: _____

EMAIL: _____

I am willing to give \$_____ per month for _____ months to fund students under the Chenoweth Scholarship Program. Checks can be made payable to TRCS, or I can sign below and agree to have my credit card automatically billed each month for my donation.

☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

AMOUNT : \$_____ CARD NUMBER : _____

EXPIRATION DATE: ____/____ CVC (USUALLY 3 DIGITS) #: _____

SIGNATURE: _____ DATE: _____

☐ Please check this box if you would like your giving to remain anonymous.