

## Tuition Assistance Application



Please complete one application per child per program every year. The application will be reviewed and assistance approved if the family meets the guidelines and depending upon availability of funds. Parents will receive formal approval via email within ten (10) business days of receipt of completed application. If at any time remaining tuition is not paid on time, the student's enrollment will be at risk. All information will be kept confidential.

Participants Name	Date of Birth
Program Name	Date
Parent/Guardian Name	
Phone/Cell Number	
Email	

### Household & Financial Information

Total Number of People Living in Household of All Ages:	
Total Number of People Over the Age of 18 Living in Household:	
Total Annual Income: <i>*Includes all members over 18 years of age in your household gross earnings (before taxes), Unemployment Compensation, Social Security, Social Security Disability, Worker's Compensation, Food Stamps, Cash Assistance, Other Income, etc.</i>	
Please advise us of extenuating circumstances that you would like us to consider. If you need additional space, please write on the back of this form or use a separate sheet of paper.	

**\*\*Attach documentation of annual income or extenuating circumstances.\*\***

*I hereby acknowledge the above information is true and correct and understand that if I present falsified information my tuition assistance will be denied as well as the participants enrollment.*

Parent/Guardian Name (Print):	
Parent Signature:	Parent Signature: Date:

#### ADMIN USE ONLY

Application Rec'd Date: \_\_\_\_\_ Initials \_\_\_\_\_ Reviewed By \_\_\_\_\_ Approved or Denied \_\_\_\_\_ Amount Approved & Dates \_\_\_\_\_

☐ Entered Into Registration/Billing Database    ☐ Filed In Tuition Assistance Billing Folder