

Date Received: _____



TUITION ASSISTANCE APPLICATION

A separate form must be completed annually. Application and supporting documentation must be received and approved by the end of the current month for assistance to apply for that month. Please submit to the program director with the required documentation.

HOUSEHOLD INFORMATION

Household Size (all members of the household must be accounted for): _____

Child/Children's Name: _____

Parent/Guardian(s) Name: _____

Other member(s) of the household: _____

Address: _____

Cell Phone: _____ Work Phone: _____

DEMOGRAPHIC INFORMATION

Race: _____ Ethnicity: _____

Circle One: Is the head of household disabled? Yes/No

Circle One: Is the head of household elderly? Yes/No

Circle One: Is the head of household female? Yes/No

REQUIRED INCOME INFORMATION

***Must attach copies to application**

- Previous 3 months of pay stubs (all members of household)
- Previous 3 months of bank statements
- Proof any other income (if applicable)

REASON FOR ASSISTANCE:

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

- Denied
- Approved

Approved By: _____ Date: _____

Valid Until: _____ Client Identifier: _____