



**2018-2019
Tuition Assistance Application**

Please complete the following application and return it to the school office. All financial assistance will be awarded on a first come-first served basis, determination of need, and availability of scholarship funds. We will notify you about the amount of assistance we are able to grant before the end of April 2018. In order to be considered, the following must be returned:

1. **Tuition Assistance Application (this form)**
2. **2017 IRS 1040 form (two forms if parents are filing separately)**

If during the year there are changes in your family income, you are asked to report these changes to the school office. Thank you!

The information provided on this application is confidential and will be used only for the purpose of determining financial assistance. You will be notified in writing informing you of your scholarship award amount once a decision is made. Please note: registration fees will not be included in the scholarship and must be paid in full for each student at the time of registration.

Date of Application: _____ Name of adult(s) filing this application: _____

Adults and children who live in your home and share living expenses:

| Name: | Age: | Relationship: |
|-------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please indicate source(s) and amount of current monthly income after taxes (if your income varies, please give an average):

| Type: | Source: | Amount (monthly): |
|-------------------|---------|-------------------|
| Mother's wages | | |
| Father's wages | | |
| Public Assistance | | |
| Social Security | | |
| Child Support | | |
| Unemployment | | |
| Other: _____ | | |

Total Monthly Income: _____

Does anyone else help your family with monthly expenses? If so, who helps you and how much do they help?

Please indicate any other expenses above ordinary living expenses that might affect or determine eligibility (i.e. usual medical expenses, etc.):

(please complete the back of this form)

Child or children's names for which scholarships are requested:

| | | |
|-------|-------------------------------------|-----------------|
| Name: | Child's class placement or request: | Cost per month: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How much of the total monthly tuition (for all children) are you requesting? _____ per month?

Will you be receiving financial help for school tuition from any other source (family members, etc.)? _____

If yes, how much help per month will you receive? _____

***** Please note: If there is any other information about your request for tuition or your family situation that you would like us to know as we consider your application, please attach an explanation to this application.**

I hereby certify that all of the above information is true and correct.

Signature(s): _____ Date: _____

_____ Date: _____

Address: _____

Phone: _____

FOR OFFICE USE ONLY:

| Child's Name | Class Registering For | Annual Tuition | Monthly Tuition | Reg. Fee Paid | They say they can pay monthly | We ask them to pay monthly | Amount of Monthly Scholarship | # of Months | Total Scholarship Awarded | % of Total Tuition |
|--------------|-----------------------|----------------|-----------------|---------------|-------------------------------|----------------------------|-------------------------------|-------------|---------------------------|--------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Date of Award Decision: _____

Amount of Tuition Assistance Awarded per Month: _____

Total Assistance Amount for 2018-2019: _____

Assistance will begin on _____ and continue through _____