



Tuition Assistance Request Form
Please complete and submit with application

Child(ren)'s Name:	
Child(ren)'s Class: Jr Sr Pre-K	
Other children & ages:	
Parent #1's Name:	Parent #2's Name:
Address:	Address (if different):
Phone:	Phone:
Email:	Email:

1. Is your family **eligible** for public assistance?

2. Please provide a short explanation of your family's financial situation:

3. This request is for:

Full school year (8 months; tuition assistance does not cover nonrefundable fees including enrollment, start up and application fees).	A portion of the school year. Starting with installment due _____
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4. What amount of assistance your family is requesting?

10% 25% 40% 50%

5. Is there any additional information you'd like to share with the Executive Board?



-----**BOARD USE ONLY**-----

Received on: _____ Board Meeting Date: _____ Eligible/Ineligible

Amount offered: \$_____ a month for _____ months, for a total of \$_____.

Amount of tuition due from the family each month: \$_____

Date letter sent: _____