

OFFICE USE ONLY

Branch: _____

Program: _____

Approved or Denied

Scholarship %: _____

Parent %: _____



REQUEST FOR TUITION ASSISTANCE

This form must be completed for each program (ASP, Break Camps) regardless of calendar year. Please return to the Member Billing Specialist with all the necessary documentation. The review process takes approximately one week.

Parent's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

DOCUMENTATION

You must attach the following documentation :

- Copy of two (2) most recent paycheck stubs (for each working adult member of household)
- Federal Income Tax Form
- W2 Form
- Copy of any payments made to you (alimony, child support, unemployment)
- Divorce papers if applicable
- Copy of Rental Agreement, Lease or Mortgage Statement

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

INCOME INFORMATION

Household Income: _____	Child Support: _____
Gov't Assisted Housing: _____	Food Stamps: _____
Social Security: _____	Unemployment: _____
Worker's Comp: _____	Disability Insurance: _____

FAMILY INFORMATION

No. of children in household: _____ No. of adults in household: _____

(Under 18)

Reason for assistance: _____

Parent Signature: _____ **Date:** _____