

TUITION ASSISTANCE APPLICATION

Applying for School Year	Number of Students
Student Name	Date of Birth
Student Name	Date of Birth
Student Name	Date of Birth

Please complete the following information. Also, please attach:

- A letter explaining your need for assistance,
- A copy of your most recent 1040 (personal tax return), and
- A recent WAPA bill.

All applications will be confidentially reviewed by the Finance Committee to determine eligibility and award amount. *Incomplete applications will not be processed. Funds are limited and distributed based on the date the completed application is submitted.*

Monthly Income

Monthly income _____ \$

**Determined from your attached tax return. Please mention in your letter if you feel there will be a significant change in your income.*

Requested tuition method Annual Semi-Annual Monthly Bill Employer

Monthly Expense

Mortgage/Rent	\$
Water and Power (attached a copy of your bill)	\$
Home and Cellular Phone	\$
Student Loans	\$
Other Loans	\$
Car Payment & Insurance 1	\$
Car Payment & Insurance 2	\$
Credit Card Payment 1	\$
Credit Card Payment 2	\$
Other Expense ()	\$
Other Expense ()	\$
Total Monthly Expense	\$

I acknowledge that I have completed the income and expense statement above to the best of my ability. The figures I have used are accurate and verifiable. I understand that all information provided is confidential.

Print Full Name _____

Signature Date _____

TUITION ASSISTANCE APPLICATION

OFFICE USE

Date Application Completed / /

Request Letter Attached Yes No

1040 Tax Return Attached Yes No

WAPA Bill Attached Yes No

