



**Confidential Application for Tuition Assistance**

*(Information provided below will be held in the office and not shared with instructional staff.)*

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Age (if under 18)

\_\_\_\_\_  
Name of School (If applicable)

\_\_\_\_\_  
Grade in Sept.

1. \_\_\_\_\_  
Parent / Guardian Names

2. \_\_\_\_\_

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Best Time to Call

Employer's Name and Address:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name and Session of Class Desired \_\_\_\_\_

Amount of full tuition \$ \_\_\_\_\_

Amount family is prepared to pay \$ \_\_\_\_\_

Amount of financial aid requested \$ \_\_\_\_\_

