

Confidential Application for Tuition Assistance (Information provided below will be held in the office and not shared with instructional staff.)

(Information provided below with be neta in	i ine ojj	ice and not shared with th	structiona	i siag.)	
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	\$				

CONFIDENTIAL

Please briefly explain the circumstances tha	t lead you to request fir	nancial aid.	
Student/ Parent Signature	Date		
EU STAFF ONLY			
Request approved in the amount of:		DATE:	
EU Staff Signature:			