



The Learning House Tuition Assistance Form

A Household Information

Parent/Guardian A

Last Name _____ First Name _____
 Address _____ Suite/Apt. No. _____
 City _____ Zip _____
 Email _____
 Phone _____
 Occupation _____
 Employer _____

Parent/Guardian B

Last Name _____ First Name _____
 Address _____ Suite/Apt. No. _____
 City _____ Zip _____
 Email _____
 Phone _____
 Occupation _____
 Employer _____

B Student Applicant Information

Last Name _____ First Name _____ MI _____
 Date of Birth mmddyyyy _____ Class student will enter _____
 Student lives with: (select one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B

Last Name _____ First Name _____ MI _____
 Date of Birth mmddyyyy _____ Class student will enter _____
 Student lives with: (select one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B

Last Name _____ First Name _____ MI _____
 Date of Birth mmddyyyy _____ Class student will enter _____
 Student lives with: (select one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B

C Family Income (Monthly Average)

Tax Information

Total taxes paid _____

Total Taxable Income

Salaries and wages for Parent/Guardian A in Section A _____
 Salaries and wages for Parent/Guardian B in Section A _____
 Taxable dividends and /or interest income from 1099 statements _____
 Alimony received or estimated (do not include child support here) _____
 Other taxable income _____

Total Nontaxable Income

Child support received for all children _____
 Social security benefits for entire family _____
 Other Nontaxable income _____

Government Aid Received

WIC (Women, Infants and Children) _____
 Unemployment Benefits _____
 HUD (Housing and Urban Development) _____
 LEAP (Low Income Energy Assistance Program) _____
 Food Stamps _____

D Family Expenses

Household Expenses (average monthly)

Mortgage/Rent (include equity payments) _____
 Car Payments (include all family vehicles) _____
 Water _____
 Electricity _____
 Gas _____
 Cable TV _____
 Internet access _____
 Trash removal (do report if included in HOA or Condo dues) _____

Other Expenses

Insurance (include health, life, car, home not already listed on form) _____
 Total medical/dental expenses not reimbursed by insurance companies _____
 Child support paid _____
 Special costs for children with special therapies _____

Total employment-related child care expenses _____

Comments (include amount of aid requesting in \$ or % of tuition)

Signatures

Parent/Guardian A _____ Parent/Guardian B _____
Date _____ Date _____

E Official Use Only

Date Received _____
Date Presented to BOD _____
BOD response _____

