



TUITION ASSISTANCE APPLICATION					
Student's Last Name:	First	Middle	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Home Phone # (    )		Cell Phone # (    )	
P.O. Box:	City:		State:	ZIP Code:	
Legal Guardian Information:	Last Name:	First Name:	Middle:	Cell Phone # (    )	
Address (Same as Above <input type="checkbox"/> )					

PROGRAM INFORMATION		
Year 20_____	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Programs	Days and Times	Cost
Example: English Composition High School	Mon, Wed, Fri 10:00-12:00pm	120.00
1.		
2.		
3.		
4.		
<b>Total:</b>		\$
<b>Parents: Please provide a brief explanation of your need for tuition assistance below.</b>		
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**Parents: Why do you and your child wish to participate in this program?**

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If your child is enrolled in Public School, do they receive a free or reduced lunch?    Free    Reduced    No

Would you be willing to volunteer at The Kaleidoscope Discovery Center to help offset the cost of the class(es):

YES    NO   If you answered no, please give your reasoning for this answer.

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I certify that all of the information above is to the best of my knowledge, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Application:    Approved    Denied    Other : \_\_\_\_\_

Application approved:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_