

BLPS Financial Assistance Application

TUITION ASSISTANCE REQUESTED

School Year: _____ Date of Request: _____

Amount of assistance requested: _____

Dates of school year to be covered: _____

STUDENT INFORMATION

Last Name

First Name

Birthdate

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

Relationship to student (circle one)

Father Mother Step-parent Guardian Other _____

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Current Employment: Full-time Part-time Not Currently Employed Disabled
(Circle one)

Parent/Guardian 2:

Relationship to student (circle one)

Father Mother Step-parent Guardian Other _____

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Current Employment (*Circle one*): Full-time Part-time Not Currently Employed
Disabled

DEPENDENTS

Name (Last, First)	Age	School/Work	Tuition/Child Care Cost \$\$\$

FAMILY INCOME/ASSETS

Monthly Income	Last Year's Income	This Year's Income (Estimated)

PLEASE PROVIDE A COPY OF YOUR LATEST TAX RETURN

Additional Income:

	Parent/Guardian 1	Parent/Guardian 2
Workers Compensation	\$ /month	\$ /month
Social Security	\$ /month	\$ /month
Child Support	\$ /month	\$ /month
Aid to Families with Dependent Children (AFDC)	\$ /month	\$ /month
Food Stamps	\$ /month	\$ /month

Other Tuition Assistance _____

FAMILY EXPENSES

Utilities	\$ /month
Rent/Mortgage	\$ /month
Health Expenses	\$ /month
Vehicle Payment(s)	\$ /month
Child Support (paid by you)	\$ /month
Day Care Expenses	\$ /month
Other Expenses (insurance, credit cards, student loans, etc.)	\$ /month
Other Expenses _____	\$ /month
Other Expenses _____	\$ /month
Other Expenses _____	\$ /month

SPECIAL CIRCUMSTANCES

Explain any special circumstances and reason for requesting financial assistance:

[Empty box for explaining special circumstances]

I DECLARE THAT THE INFORMATION ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE.

SIGNATURE

DATE

(For office use only)



Approved _____ Amount _____ Date _____

Denied _____ Reason for denial _____

Date form forwarded to Office Manager: _____ Date Applicant notified by Preschool Director: _____

Committee Notes: Time frame (start/end approved for) _____

Amount details (per month/one time, tuition portion, registration portion). _____
