



Application for Tuition Assistance

Child's Name: _____

Classroom & School Year: _____ Preferred Phone: _____

Home Address: _____

Parent/Guardian I: _____

Parent/Guardian II: _____

Relationship to child: _____

Relationship to child: _____

Work Phone: _____

Work Phone: _____

Work Address _____

Work Address _____

Email : _____

Email : _____

Names and ages of dependent children:

Other dependents:

Do you participate in any of the following programs? (check all that apply)

<input type="checkbox"/>	welfare	<input type="checkbox"/>	Disability payments
<input type="checkbox"/>	AFDC	<input type="checkbox"/>	WIC
<input type="checkbox"/>	food stamps	<input type="checkbox"/>	worker's compensation
<input type="checkbox"/>	Head Start	<input type="checkbox"/>	veteran's benefits
<input type="checkbox"/>	other scholarships	<input type="checkbox"/>	Other
<input type="checkbox"/>	unemployment benefits	<input type="checkbox"/>	Other

Please use this space to describe other: _____

Financial Information – please attach any supporting documents.

Wages		Mortgage / Rent		Savings	
Wages		Food		Investments	
Wages - Other		Clothing		Trust Funds	
Savings		Utilities		Home Equity	
Investments		Loans		Automobile	
Social Security		Tuitions		Other	
Pensions		Insurance		Other	
Annuities		Medical / Dental		Other	
Trust Funds		Car Lease		Other	
Other		Other		Other	
TOTAL:		TOTAL:		TOTAL:	

Is there any additional information that you would like to share with the Financial Assistance Committee?

Parent/Guardian Signature: _____ Date: _____

Bowen Cooperative accepts children of any race, color or ethnic origin. It does not discriminate on the basis of race, color or national/ethnic origin in decisions concerning financial aid.

Limited funds available at the discretion of the committee. Any request for assistance and its grant will be held in the strictest confidence.

Please attach a complete copy of your last year's tax return and submit with your application for enrollment.