



## SPUSD PRESCHOOL EDUCATION PROGRAM TUITION ASSISTANCE APPLICATION

Date: \_\_\_\_\_ Initial Application: \_\_\_\_\_

Recertification: \_\_\_\_\_

### Parent(s) (Residing in home)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ (a.m.) \_\_\_\_\_ (p.m.)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ (a.m.) \_\_\_\_\_ (p.m.)

### Children in Family

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Others living in the home: \_\_\_\_\_

### Eligibility Criteria

Family Size: \_\_\_\_\_ Income \$ \_\_\_\_\_ Annual

**Briefly explain your reason for applying for tuition assistance, with emphasis on your financial situation and needs of your child.** If more room is needed, please use the back of this application form.

I verify that the above statements are true.

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