



TUITION ASSISTANCE FORM FOR ACADEMIC YEAR 2020-21

PLEASE SUBMIT ONE FORM PER STUDENT

Date Submitted: _____

(Office Use Only) Date Received: _____ Date Completed: _____

Student Information

Name of Student: (First) _____ (Last) _____

Birthdate: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Adult Student's Work Phone: (_____) _____

Assistance Requested (check all that apply): Summer 2020 Fall 2020 Spring 2021 McKinley 20/21

Individual Lessons Suzuki Strings Young Years/Kindermusik Orchestra/Ensemble

Instrument: _____ Ensemble (if applicable): _____

Individual Lesson Length (if applicable): 30 min 45 min 60 min

CMS teacher(s) (if known): _____

Parent/Guardian Information

Name(s) of Parent(s)/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Employer: _____

Phone: (_____) _____ Work Phone: (_____) _____

List of names of all wage earners in household (Be sure that official proof of income is attached for all wage earners):

Total Family Income (GROSS) LAST tax year: _____

Anticipated Family Income (GROSS) THIS tax year: _____

Medical & Educational* Expenses LAST tax year (must include documentation): _____

Anticipated Medical & Educational* Expenses THIS tax year: _____

Please list any special circumstances you think should be considered in evaluating needs:

List all dependents *other* than student named above: _____

*Educational expenses: do not include college or private/parochial school tuition.

Continued on back

Check off all the proofs of income you have attached:

_____ **Your 2019 Federal Tax Return 1040 (or 1040EZ, etc.).** All wage earners in the household must submit a copy of their federal tax return.

OR

If the total adjusted gross income of all household wage earners falls below \$24,000, all other types of household support must be documented with copies of official award letters clearly stating amount and dates of awards.

- _____ Official proof of social security income
- _____ Official proof of widow's/survivor's pension
- _____ Official proof of unemployment compensation
- _____ Official proof of child support or alimony income
- _____ Official proof of TANF or SNAP income
- _____ Official written evidence of annual income from your employer or an authorized government agency
- _____ Written documentation of all other forms of household financial support.

AND

_____ **Written documentation of changes in your financial situation that occurred after filing tax return**

Applications for Tuition Assistance will not be considered unless all requested information is submitted.

READ BELOW CAREFULLY BEFORE SIGNING -

I certify that the above information is accurate, and that falsification of any information will result in the cancellation of any tuition assistance.

If we are awarded tuition assistance, I agree that:

- I/my child must abide by the school policies published in the CMS Student Handbook and online, and
- Tuition assistance may be withdrawn from any student who does not maintain a record of satisfactory attendance, cooperation, endeavor, or achievement, and
- **I will pay my portion of our tuition and fees in full by the final payment due date for each semester (Summer: August 1, Fall: December 1, Spring: May 1), or my award may be in jeopardy, and**
- **I will return the re-enrollment forms by the due dates; if I do not, my award for that semester is in jeopardy.**

(Signature of Parent/Guardian or adult student)

(Date)

(For Office Use Only)

Sufficient documentation? ____ Yes ____ No If *NO*, date of communication with applicant: _____

Tuition assistance Granted? ____ Yes ____ No Date: _____

Waitlist deferred: _____

Teacher Recommendation (Attach teacher evaluation.): _____ Yes _____ No

Income set at: _____ Amount of Award: _____% **or OTHER:** _____

Recipient notified: _____ date (Attach letter or copy of e-mail)

Comments: _____

Administrator's Signature: _____