

Tuition Assistance Application

Please complete one application per child per program. Include information in every box. The application will be reviewed and assistance approved if the family meets the guidelines and depending upon availability of funds. Parents will receive formal approval via email within ten (10) business days of receipt of completed application. If at any time remaining tuition is not paid on time, the student's enrollment will be at risk. All information will be kept confidential.

Participants Name Date of Birth:
Program Name:
Parent/Guardian Name:
Phone/Cell Number:
Email:

Household & Financial Information

Total Number of People Living in Household of All Ages:	
Total Number of People Over the Age of 18 Living in Household:	
Total Annual Income: <i>*Includes all members over 18 years of age in your household gross earnings (before taxes), Unemployment Compensation, Social Security, Social Security Disability, Worker's Compensation, Food Stamps, Cash Assistance, Other Income, etc.</i>	
<p>Why are you applying for Tuition Assistance? Please advise us of extenuating circumstances that you would like us to consider. If you need additional space, please write on the back of his form or use a separate sheet of paper.</p>	

****Must attach documents that prove annual income (Paystubs, W-2), extenuating circumstances (medical, family, or legal expenses) or an OH benefits award letter. Call 216-353-9740 with any questions****

I hereby acknowledge the above information is true and correct and understand that if I present falsified information my tuition assistance will be denied as well as the participants enrollment.

Parent/Guardian Name (Print):
Parent Signature: Parent Signature: Date:

ADMIN USE ONLY

Application Rec'd Date: _____ Initials _____ Reviewed By _____ Approved or Denied Amount Approved & Dates _____

Entered Into Registration/Billing Database Filed In Tuition Assistance Billing Folder