



ACADEMIC YEAR 2014-2015
TUITION ASSISTANCE APPLICATION

Student's Last Name: _____ First Name: _____

Home Address: _____

Parent-1 Name: _____ SS#: _____

Parent-1 Occupation/Position: _____

Parent-1 Company: _____

Parent-1 E-mail Address: _____

Parent-1 Best Phone #: _____

Parent-2 Name: _____ SS#: _____

Parent-2 Occupation/Position: _____

Parent-2 Company: _____

Parent-2 E-mail Address: _____

Parent-2 Best Phone #: _____

Number & Ages of children living at home (including student):

Boys: _____ / _____ Girls: _____ / _____
 number / ages number / ages

To have your application considered, please specify the exact dollar amount you are requesting. No full scholarships are available.

\$ _____

I certify that the above information is true and correct.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

***Incomplete applications will not be reviewed by the committee (see cover letter).**

MONTHLY INCOME AND EXPENDITURE STATEMENT
CONFIDENTIAL - To be used only by the Tuition Assistance Committee

(1) MONTHLY INCOME

Rct gp√3's gross salary amount	''''''	''''''	\$ _____
Rct gp√4's gross salary amount	''''''''''		\$ _____
Additional income			\$ _____
Other _____			\$ _____
SUBTOTAL			\$ _____
Minus withholdings & FICA			\$ _____
 TOTAL			 \$ _____ (1)

(2) MONTHLY EXPENDITURES

Rent and /or house payments	\$ _____
Utilities (electricity, water, gas)	\$ _____
Telephone (average monthly)	\$ _____
Transportation/Car expense	\$ _____
Food	\$ _____
Clothing	\$ _____
Insurance (life, auto, etc.)	\$ _____
Medical	\$ _____
Savings	\$ _____
Miscellaneous(haircuts,etc.)	\$ _____
School Expenses (non-ASSETS)	\$ _____
Child Care (babysitting)	\$ _____
Other _____	\$ _____
TOTAL	\$ _____ (2)

(3) OTHER Charitable Contributions (church, etc.) \$ _____ (3)

(4) INDEBTEDNESS

List all time payments/allotments, purpose for which incurred, monthly payments and balance (includes credit cards, loan payments, etc., to pay off debts). Do not include expenses listed above. Add page if needed.

Time Payment/Allotment	Purpose for Which Incurred	Balance Owed	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Monthly Payment \$ _____ (4)

(5) SUM OF (2), (3), & (4) = TOTAL MONTHLY EXPENDITURES \$ _____ (5)

If (5) is greater than (1) Monthly Income, then subtract (1) from (5), and put here for DEFICIT \$ _____

If (5) is less than (1) Monthly Income, then subtract (5) from (1), and put here for SURPLUS \$ _____

I certify that the above information is true and correct.

Signed

Date

NET WORTH STATEMENT
CONFIDENTIAL - To be used only by the Tuition Assistance Committee

ASSETS

PERSONAL PROPERTY

Your home's market value \$ _____
Your car's market value \$ _____
Other _____ \$ _____
TOTAL \$ _____

CASH

Bank accounts, certificates \$ _____
Money-market funds \$ _____
Other _____ \$ _____
TOTAL \$ _____

INVESTMENTS

Securities/mutual funds \$ _____
Treasury securities \$ _____
Real estate \$ _____
Business equity \$ _____
Cash value of life insurance \$ _____
Other _____ \$ _____
TOTAL \$ _____

RETIREMENT ASSETS

IRAs and Keoghs \$ _____
Employee savings \$ _____
Other _____ \$ _____
TOTAL \$ _____

A. TOTAL ASSETS \$ _____

LIABILITIES

Home mortgage \$ _____
Other mortgages \$ _____
Car loans \$ _____
Other consumer loans \$ _____
Margin account loans \$ _____
Other _____ \$ _____

B. TOTAL LIABILITIES \$ _____

NET WORTH (A-B) \$ _____

I certify that the above information is true and correct.

Signed

Date