



Tuition Assistance Application 2019-2020 – due May 15, 2019

Office only:  Fed  Non Fed

**ALA Student Info**

ALA Student Name	Grade	Tuition Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Part 1: Applicant – Head of Household**

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

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

City, State & Zip: \_\_\_\_\_

Employment Status: \_\_\_\_\_

*Full-time, Part-time, Unemployed, Retired, Disabled*

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

*All sources*

Please provide a copy of the most recent W2 for each applicant.

**Part 2: Co-Applicant, if applicable**

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

*State relationship to Applicant*

If different than above

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

City, State & Zip : \_\_\_\_\_

Employment Status: \_\_\_\_\_

*Full-time, Part-time, Unemployed, Retired, Disabled*

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

*All sources*

Please provide a copy of the most recent W2 for each applicant.

**Part 3: Family PreK-8 Tuition Costs - Include tuition rates for all students not ALA in the household.**

Student Name - School Name - Tuition Costs

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**Part 4: Statement of Need**

Provide any information concerning your family/household situation you would like the award committee to know when determining awards. Explain anything affecting your household that allows for greater understanding of the assistance you need. Examples:

- *Medical situations: conditions that affect your ability to work, even short term; medical expenses that affect your financial circumstances, including expenses to care for others with medical needs*
- *Family situations: divorce, bankruptcy, loss of job, salary/wage cuts*
- *Family situations: college students and costs, adults going back to school*
- *Family situations: work related long term traveling required, inconsistency of income*
- *Family situations: other challenges your family faces*

Feel free to describe your need here or provide a separate letter.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_