



Date application received complete \_\_\_\_\_  
**-office use only-**

TODAY'S DATE \_\_\_\_\_

**APPLICATION FOR TUITION ASSISTANCE FOR: \*SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_  
\*SUMMER 20\_\_\_\_**

In order for the Tuition Committee of **LIGHT UP LEARNING** to consider this application, all sections must be completed. If a particular line or section is not applicable, please write n/a or 0. All of the information included on this application and all forms submitted is for the use of the Tuition Committee **ONLY** and will be treated in the strictest confidence. We attach the highest priority to assuring the privacy and dignity of our students.

**AS FUNDS AVAILABLE ARE LIMITED FOR SCHOLARSHIPS/ASSISTANCE, PRIORITY WILL BE GIVEN TO THOSE APPLICATIONS PROMPTLY SUBMITTED AND WILL BE CONSIDERED ON A "FIRST COME FIRST SERVE" BASIS. WE RESERVE THE RIGHT TO REJECT APPLICATIONS.**

The committee welcomes any comments or additional information you would like considered. Please make sure that you have included the following documentation with this application.

- Copy of your most recent Federal Tax Return (form 1040) with **ALL** schedules.
- Copy of all business returns, if applicable.
- Copy of current bills for expenses listed below (including school tuition, etc. if applicable).

I fully understand that my submission of this application represents acknowledgement of certain obligations on my part toward **LIGHT UP LEARNING**. I agree that should a grant be awarded to me, I hereby obligate myself to assist the committee in its efforts to raise funds to continue to disburse grants such as mine. Such assistance will take the form of my commitment to raise certain predetermined sums for the Financial Aid Fund and/or to participate in fund-raising projects as are undertaken by **LIGHT UP LEARNING**. I further agree that if there is any change in the information contained herein (increase in income, spouse becoming gainfully employed, etc.) that I will notify the Tuition Committee. As a result of said change, or if the committee becomes aware of some material discrepancy between the information submitted herein and the facts, the Committee may revoke all or part of this grant at their discretion and I agree that they may add that amount to my tuition obligation. The information contained herein is correct to the best of our knowledge and belief. We understand that **LIGHT UP LEARNING** reserves the right to request more paperwork in the future if deemed necessary.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's printed name

\_\_\_\_\_  
Mother's printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness - *print name & sign*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Program to be considered for: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

# Financial Aid Request Form

## I. FAMILY DATA

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Learning need(s): \_\_\_\_\_  
 Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Married [ ] Divorced [ ] Separated [ ] Widowed [ ]  
 Student resides with: \_\_\_\_\_ Total # of children in household: \_\_\_\_\_

CHILD'S NAME WHO IS TO BE ENROLLED AT LIGHT UP LEARNING	CURRENT GRADE OR LEVEL	CURRENT SCHOOL / HELP PROGRAM, ETC. (LIST SEPARATELY)	CURRENT FULL TUITION	CURRENT TUITION BEING CHARGED (IF DIFFERENT)

SIBLING'S NAMES NOT TO BE ENROLLED AT LIGHT UP LEARNING	CURRENT GRADE OR LEVEL	CURRENT SCHOOL, PROGRAM, AT HOME, ETC. (*REQUIRING FINANCIAL OBLIGATIONS)	CURRENT FULL TUITION	CURRENT TUITION BEING CHARGED (IF DIFFERENT)

\*Please enclose copies of tuition contracts/bills for schools, programs, care, etc. other than our school.

**Father:** Occupation: \_\_\_\_\_ Name of Business: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Months/Years employed: \_\_\_\_\_ You work:  full time  part time \_\_\_\_\_ hrs. per wk.  
 Annual Salary: \_\_\_\_\_  
 Do you have secondary employment?  yes  no If yes, employer name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Months/Years employed: \_\_\_\_\_ You work:  full time  part time \_\_\_\_\_ hrs. per wk.  
 Annual Salary: \_\_\_\_\_

**Mother:** Occupation: \_\_\_\_\_ Name of Business: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Months/Years employed: \_\_\_\_\_ You work:  full time  part time \_\_\_\_\_ hrs. per wk.  
 Annual Salary: \_\_\_\_\_  
 Do you have secondary employment?  yes  no If yes, employer name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Months/Years employed: \_\_\_\_\_ You work:  full time  part time \_\_\_\_\_ hrs. per wk.  
 Annual Salary: \_\_\_\_\_

# Financial Aid Request Form

## II. INCOME

List all income on an annual basis, whether or not such income is taxable or appears on your tax return.

	Last Year	Anticipated	Do you receive
Father's Gross Earnings			Section 8 Y/N _____
Mother's Gross Earnings			WIC Y/N _____
Interest & Dividends			Food Stamps Y/N _____
Gain on sale of Investments			Medicaid Y/N _____
Rental Income			
Other Income			
Total			

## III. ASSETS

Total amount of balances in banks or savings institutions: \_\_\_\_\_  
 Life insurance (face value and/or cash value): \_\_\_\_\_  
 Annual Contributions to IRA, TDA, 401K, etc.: \_\_\_\_\_  
 Market value of stocks/bonds (including retirement accounts): \_\_\_\_\_  
 Market value of property owned including home(s): \_\_\_\_\_  
 Value of other investments not included above: \_\_\_\_\_  
**Total:** \_\_\_\_\_

## IV. EXPENSES

**Mortgage/Rent:** Monthly Payment: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
 Time left on mortgage or lease: \_\_\_\_\_

**Car(s):**  
 #1 - Make/Model/Year: \_\_\_\_\_ #2 - Make/Model/Year: \_\_\_\_\_  
 Circle one: Owned/Leased/Company Circle one: Owned/Leased/Company  
 Monthly Payment: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Balance Due: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Any other cars: yes no Total Car payment monthly: \_\_\_\_\_  
 Do you pay for your own medical/dental insurance? Y/N \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Total Monthly Utilities Payment (Electricity/Gas/Water/Home Phone): \_\_\_\_\_

**V. LIABILITIES**

Do you have any credit card debt? Y/N\_\_\_\_\_ Total Monthly Credit Card(s) Payment: \_\_\_\_\_

Do you have any outstanding loans (*not mortgage*)? Y/N\_\_\_\_\_ Total Monthly Loan Payment: \_\_\_\_\_

Please indicate any additional information you feel may be relevant. (If you require more room, please attach an additional sheet of paper.)

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**VI. REQUESTED ASSISTANCE**

Total Amount of tuition charged (including registration & tuition) \$\_\_\_\_\_

Amount you feel you are able to pay \$\_\_\_\_\_

Signature Father \_\_\_\_\_ Date \_\_\_\_\_

Signature Mother \_\_\_\_\_ Date \_\_\_\_\_

**Determination Table**

Total Income (*incl. assets)	Total Expenses	Difference + or -	Note: other considerations
<p>Ratings: (circle one) <b>GN</b> - great need; <b>RN</b> - relative need; <b>LN</b> - limited need; <b>NN</b> - no immediate need</p> <p><i>Ratings will be compared to poverty level guidelines as well as a comparison of all properly submitted applications. Severity of learning need(s) and appropriateness of our therapies will also affect our decision.</i></p>			

1. Applicable Tax returns submitted on time: Y\_\_\_ N\_\_\_

2. Applicable Bills submitted on time: Y\_\_\_ N\_\_\_

**2013 Federal Poverty Guidelines**

**48 Contiguous States and DC**

**Note: The 100% column shows the federal poverty level for each family size, and the percentage columns that follow represent income levels that are commonly used as guidelines for health programs.**

Household Size	100%	133%	150%	200%	300%	400%
1	\$11,490	\$15,282	\$17,235	\$22,980	\$34,470	\$45,960
2	15,510	20,628	23,265	31,020	46,530	62,040
3	19,530	25,975	29,295	39,060	58,590	78,120
4	23,550	31,322	35,325	47,100	70,650	94,200
5	27,570	36,668	41,355	55,140	82,710	110,280
6	31,590	42,015	47,385	63,180	94,770	126,360
7	35,610	47,361	53,415	71,220	106,830	142,440
8	39,630	52,708	59,445	79,260	118,890	158,520
For each additional person, add	\$4,020	\$5,347	\$6,030	\$8,040	\$12,060	\$16,080