



Date application received complete _____
-office use only-

TODAY'S DATE _____

**APPLICATION FOR TUITION ASSISTANCE FOR: *SCHOOL YEAR 20____ - 20____
*SUMMER 20____**

In order for **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 **LIGHT UP LEARNING 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.

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

- Proof of Income: Via Federal Tax Return(s); payroll check stubs; current bank statement; etc.
- Proof of Expenses: Copy of applicable bills for "expenses" list 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 *LIGHT UP LEARNING* 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 *LIGHT UP LEARNING*. As a result of said change, or if *LIGHT UP LEARNING* becomes aware of some material discrepancy between the information submitted herein and the facts, it may revoke all or part of this grant at its 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/my knowledge and belief. We understand that *LIGHT UP LEARNING* reserves the right to request more documentation 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(s) / HELP PROGRAM(s), 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(s), PROGRAM(s), 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.

II. 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: _____

III. 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): _____

IV. 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: _____

V. REQUESTED ASSISTANCE

Total Amount of tuition charged (including registration & tuition) \$ _____
Amount you feel you are able to pay \$ _____

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

Three horizontal lines for providing additional information.

Signature Father _____ Date _____

Signature Mother _____ Date _____

Financial Aid Request Form

Determination Table

Total Income	Total Expenses	Difference + or -	Note: other considerations
<p>Ratings: (circle one) GN - great need; RN - relative need; LN - limited need; NN - no immediate need</p> <p><small>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.</small></p>			

1. Applicable proof of income submitted on time: Y___ N___
 2. Applicable proof of expenses 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