



Tuition Assistance Application

Personal Information:

Name: _____ Home Phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 County _____ Email Address: _____

Have you applied for financial assistance through the Division of Family Services? Yes No

If yes, were you eligible for assistance? Yes No Date: _____

Are you a full-time student? Yes No If yes, is your spouse a full-time student? Yes No

Are you a single-parent household? Yes No? Does your child have an active IFSP? Yes No

Household Members:

First Name	Last Name	Relationship	Age	Check if claimed on Form 1040 as a Dependent

Employment Information:

Employer: _____ Work phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ Length of Employment _____ PT FT
 Gross Monthly Income: \$ _____ Supervisor's Name: _____
 Spouse's Employer: _____ Work Phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ Length of Employment _____ PT FT
 Gross Monthly Income: \$ _____ Supervisor's Name: _____

For Office Use Only

New Applicant _____ Renewal _____ Tax Form _____

Staff Receiving _____ Payroll Stubs _____

Date _____ Other Income Ver. _____

ALL APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL REQUIRED INFORMATION IS RECEIVED AND VERIFIED



Income/Expense Worksheet

Income:

Gross Monthly Income (Before Taxes) \$ _____

Spouses' Gross Monthly Income (Before Taxes) \$ _____

Child Support \$ _____

Aid for Children \$ _____

Social Security Compensation \$ _____

Unemployment Compensation \$ _____

Food Stamps \$ _____

Welfare \$ _____

Retirement Funds \$ _____

Other (Please Specify) \$ _____

Expenses:

Rent/Mortgage \$ _____

Car / Insurance \$ _____

Utilities \$ _____

Phone \$ _____

Child Support \$ _____

Medical \$ _____

Child Care \$ _____

Alimony \$ _____

Other (Please Specify) \$ _____

Total Monthly Income (Household) \$ _____

Total Monthly Expenses (Household) \$ _____

Total Annual Income (Household) \$ _____

Do you share expenses with anyone else in your household? Yes No Total number in household: _____

What benefits do you see in having financial assistance in order for your child to attend NEEC?

Are there extenuating circumstances that you would like to share (i.e. excessive medical expenses, unemployment, etc.?)

I am requesting assistance from NEEC due to my personal circumstances and verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify NEEC within 30 days. If I submit false or inaccurate information, or fail to notify NEEC of a change within 30 days, I may be terminated from the financial assistance program. I understand that financial assistance is only guaranteed for one calendar year. Financial assistance may be terminated, at that time, based on NEEC's ability to fund the program.

Applicant's Signature: _____ Date: _____

For Official Use Only:

Reduced Rate %:	PT/FT	Hours:	Date Approved:	Initials:
Comments:				