

**TUITION ASSISTANCE
FAMILY INFORMATION FORM**
RETURN FORM TO OFFICE



Parent / Guardian Name: _____

I am the Parent Step-Parent Guardian

Occupation: _____

Self-Employed? Yes No

Employer: _____

 Full Time Part Time Hours per week: _____

Parent / Guardian Name: _____

I am the Parent Step-Parent Guardian

Occupation: _____

Self-Employed? Yes No

Employer: _____

 Full Time Part Time Hours per week: _____

Tuition Assistance requested: \$ _____

Who do(es) your child(ren) live with? _____

Who is financially responsible for tuition and educational expenses?

Have there been any significant changes in your financial situation in the past year?

 Yes No

Do you anticipate major changes in your financial situation during the coming year?

 Yes No

Please explain: _____

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Please outline any special circumstances relevant to your application for tuition assistance:

NEXT STEPS:

- Submit this form to the SWS office stating “Attention: Business Administrator”.
 - Submit a formal application via Apple Financial.
 - Ensure all necessary supporting documents are submitted to Apple Financial.
 - Communication of TA fund awarded will take place confidentially via email once the TA committee has reviewed all applications received
- *For the timelines, please see the TA program information.*

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Name of Applicant: _____ Date: _____

Signature of Applicant: _____