TUITION ASSISTANCE APPLICATION

2011-2012

STU DE NT (S)		
Name (#1):	Gender: M F	Entering Grade:
Name (#2):	Gender: M F	Entering Grade:

PA RE NT (S) OR GU A R D I A N(S)	
Name(s):	
Address: City: State: Zip:	Home Phone:
	Cell Phone:
Email:	Work Phone:
Name(s):	
Address: City: State: Zip:	Home Phone:
	Cell Phone:
Email:	Work Phone:

DECLARATION OF LIMIT OF ABILITY TO PAY FULL TUITION AND DECLARATION OF FOREIGN ASSETS

The Tuition Assistance Program is funded by tuition payments of current parents and by donations with the goal of assisting families who might not otherwise be able to afford a Windrush education.

How much can your family afford to contribute to tuition for the next school year? _____

Do you own any foreign assets (part or whole)? Foreign assets include bank accounts, investment accounts, real estate, etc. _____ Yes _____ No

If yes, please describe and state the fair market value of each asset in U.S. dollars: _____
_____
_____

I understand it is my responsibility to truthfully provide all requested information. I understand that if my file is incomplete or if the information is misrepresented my child will not be eligible for tuition assistance.

_____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

DIVERSITY GOAL OF PROGRAM

One of the goals of the Tuition Assistance Program is to assist the school in creating a racially as well as economically diverse student body. It would help the committee assess how effective tuition assistance is achieving this goal if you would provide the following information. Completion of this section is optional. Please check all that are appropriate:

African-American/Black _____ Latino _____ Mexican-American/Chicano _____

Caucasian/White _____ Native-American _____

Filipino/Pacific Islander _____ Other/Bi-racial/Multi-racial (Please specify) _____