PLEASE COMPLETE ONLY IF YOU WILL BE PAYING LESS THAN FULL TUITION.
TO DETERMINE TUITION RATE, PLEASE COMPLETE THE TUITION SCHEDULE FIRST.

TRI-CITIES PREP 2017-2018 Financial Assistance Application Form

9612 St. Thomas Drive, Pasco, WA 99301 * (509) 546-2465 * (509) 546-2490 FAX * www.tcprep.org

Please complete and return to Tri-Cities Prep.

Availability of Tuition Assistance may be limited. Please submit all financial paperwork to Prep by on or before *Friday, April 21, 2017* to be considered for financial assistance.

The Following Items Must Be Enclosed In The "Confidential" Envelope In Order For Your Application To Be Processed. The Confidential Envelope is Part of the Application for Admissions Packet.

ONLY FINANCIAL INFORMATION TO BE PUT IN CONFIDENTIAL ENVELOPE!

- 1. Completed Financial Application Form
- 2. Completed Tuition Schedule Worksheet
- 3. A copy of the following: completed/filed 2016 Federal Tax Return (if applicable, all K-1's of any LLC or S-Corp), W2(s), & W2(s) Summary or your last pay check stub for 2016 showing year to date income and deductions.
- 4. (Optional) Attach a letter to the Tuition Assistance Review Committee explaining any extenuating circumstances.

Financially Responsible Parent/Guardian Information

	lly Responsible uardian:				
		Last		First	Middle
ome Address	S				Phone
	Street	City	State	Zip	
mail Addres	ss		Home Phone	Work Phone	
cupation					
Other Pa	arent/Guardina:	Last		First	Middle
me Address	Street				Phone
	Street	City	State	Zip	
mail Addres	ss		Home Phone	Work Phone	
cupation					
		k One)	MarriedWidowed	DivorcedSeparate	

sensor year.				
Students Last Name		First	Grade in	Please Indicate a Returning (R) on
			2017-2018	Incoming (I) Student
6. Last year's Non-Taxable l	Income		Monthly	<u>Yearly</u>
Child Support			\$	\$
Welfare (ADC)			\$ \$	
Social Security			\$ \$	
Student(s) Pell Gran	ts Received		\$	\$
All other income NO			Ψ	
Total Non-Taxable I			Ф	ф
			Φ	Φ
(The Yearly Non-Ta	xable Income Total must m	natch the number entered on li	ine 2 on the Tuition Schedule V	Vorksheet)
7. Number of Students and O	Out of Pocket Tuition you e	expect to pay at the following t	cuition-charging school(s) duri	ng the next school year:
	Name of School	Į.	Student Name(s)	Out of Pocket Tuition
Pre - Kindergarten				\$
				Φ.
				\$
				\$
Grade School(s)				\$
				\$
High School(s)				
				\$
				\$
				\$
Total (The Out of Pocket Tuition	on Total must match the nu	umber entered on line 3 on you	r Tuition Schedule Workshee	\$
COMMENTS OR ADDITIONA	AL INFORMATION:			
Please attach a separate sheet o	of paper explaining any exte	enuating circumstance or any	other information that may be	useful in evaluating this application.
8. Medical/Dental Expenses	as reported on 2016 IRS 10	040 Schedule A:	\$	
Attach copy of Schedule A	•		Ψ.	
9. Casualty and Losses as re Attach copy of Schedule A.	ported on 2016 IRS 1040 S	cnedule A:	\$ _	
PARENT/GUARDIAN AUTHO	ORIZATION:			
We declare that the information of	on this application is true, con	rrect and complete. We have at	tached to this application copies	of our 2016 Federal Tax Return (if
applicable, all K-1's of any LLC	or S-Corp.), W2(s) and W2(s	s) Summary or the last pay chec	k stub for 2016 showing year to	date income and deductions.
Signature of Financially Respon	nsible Parent/Guardian			Date
Signature of Parent/Guardian				Date

Name of Student Applicant(s) (Please print the names and grades of all family members who will be attending Tri-Cities Prep during the 2017-2018