

CAPTIOL HILL LEARNING GROUP

TUITION ASSISTANCE APPLICATION

Please attach a **COPY OF YOUR 2017 FEDERAL TAX RETURN**
and mail to: **CHLG Tuition Assistance Committee 516 7th ST NE WDC 20002**

Tuition assistance applications are kept strictly confidential and are reviewed solely by the Tuition Assistance Committee. The information on this application will be used to evaluate each request. Please add any information you feel may be helpful in considering your request.

Child's Name _____
Last Name First Name M.I.

Date of Birth ____/____/____
Month Day Year

Please indicate the class grouping(s) for which you have applied for the 2018-2019 school year:

Hybrid Academy Fireflies/Grasshoppers/Junebugs (T-TH-F) Caterpillars (T-TH) Honeybees (F)

Child's primary residence is with (check all that apply):

Father Mother Stepfather Stepmother Male guardian Female Guardian

Check any that apply to the parents or legal guardians completing this form:

Parents separated Parents divorced Single Parent Male Disabled Female Disabled

Parent/Legal Guardian 1: (indicate relationship to child) _____

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Full Time Part Time

Employed By _____

Years at this company/organization _____ Work Phone _____

Parent/ Legal Guardian 2: (indicate relationship to child) _____

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Full Time Part Time

Employed By _____

Years at this company/organization _____ Work Phone _____

How many children reside in your home? _____

How much of the annual tuition can you afford to contribute? _____ (annually)

*Note: Applications will not be processed if this section is left blank.

Parents/Guardians' Income, Assets and Expenses

MONTHLY INCOME		MONTHLY EXPENSES	
Gross monthly income (Salary, bonus and commissions)	\$	Monthly rent/mortgage	\$
Monthly Alimony/Child Support	\$	Monthly vehicle pmt(s).	\$
Other monthly income (real estate income, monetary gifts, royalties, or any other income)	\$	Monthly household expenses (utility bills, food, toiletries, clothing, etc.)	\$
TOTAL MONTHLY INCOME	\$	Monthly health/life/property insurance	\$
PERSONAL ASSETS		Monthly medical & dental (not covered by insurance)	\$
Checking Accounts	\$	Monthly payments for personal and/or consumer indebtedness	\$
Savings/Money Market Accounts	\$	Monthly Other (please provide a category)	
Real Estate (equity in personal residence)	\$	_____	\$
Real Estate (other equity)	\$	_____	\$
Motor Vehicles	\$	_____	\$
Other Assets	\$	_____	\$
TOTAL ASSETS	\$	_____	\$
TOTAL ASSETS	\$	TOTAL EXPENSES	\$

Please feel free to share additional information on the reverse side (either regarding your financial need, the reasons that you would like your child to attend CHLG, or both).

Please check here if you've included information on the back.

I/we declare that the information reported on this form is true and complete to the best of my/our knowledge and belief. I/we understand that tuition assistance is limited and that completing this form does not guarantee that tuition assistance will be granted to our family.

PARENT/GUARDIAN # 1

Signature

Date

PARENT/GUARDIAN # 2 (if applicable)

Signature

Date