

Application for Tuition Assistance

Date of application: _____

Applicant(s): _____

Parent(s) and/or legal guardian(s): _____

Person filling out this application: _____

Relationship to applicant: _____

Current address and phone # of applicant:

Applicant's living arrangements:

With family? ____ Describe: _____

Group home? ____ Describe: _____

Facility? ____ Describe: _____

Other? ____ Describe: _____

Financial Assistance Information:

What is the applicant's primary source of financial support? (Who pays their bills?)

Does the applicant currently receive financial assistance from:

Social Security? ____ Amount: _____

Medicare/Medicaid? ____ Amount: _____

SSI? ____ Amount: _____

SSDI? ____ Amount: _____

Church organization? ____ Amount: _____

Trust fund, insurance? ____ Describe: _____

Other source(s): ____ Please name and describe all other sources and donors, including amounts received:

Is the applicant currently gainfully employed?_____

Please describe, including monthly/annual income:

Please include the applicant's tax return for the past two years.

Financial Information:

Please provide the following:

1. Copies of the family's and applicant's current and previous year's tax returns, including all documentation of income and expenses.
2. Documentation of living expenses of applicant.
3. Documentation of medical expenses of applicant.

Please describe, in detail, why you should be considered for tuition assistance.

Please provide any other pertinent information concerning the applicant and/or the family's situation:

Triangle Cross Ranch does not provide 100% tuition assistance. The minimum amount that must be paid by each family/applicant is \$_____per month. Accounts must be paid in full, in advance, each month according to TCR policies. Any resident with a delinquent account is not eligible for tuition assistance. All late fees will be calculated on the full tuition amount of \$_____.

The above information is complete and accurate to the best of my knowledge. I understand that falsifying information on this application will render the applicant's ineligible for financial assistance.

Signature of parent, family member or legal guardian

Date

Signature of applicant

Date