

(Office Use:) Rec'd _____

Deposit _____

Tuition Assistance Application

(Please write legibly. Use a separate form for each child. You may photocopy if needed.)

NOTE: Per child Tuition Assistance Awards are limited to one class per term and no more than three per year. (One AM and one PM class for full day Kids U enrollment is OK.)

Term (circle): Fall Winter Spring Summer

Name of Student: _____ Age: _____ Birth date: _____
Last First

Address: _____

_____ City State Zip

Name of Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Class Name & Number: _____ Cost: \$ _____

FINANCIAL NEED

1. Gross family income per month: \$ _____ 2. Number of dependent children: _____

3. Special circumstances demonstrating financial need that we should consider:

4. Have you received other tuition awards from Pre-College Youth Programs this year?
Yes ___ No ___

The above answers and statements are true and correct to the best of my knowledge.

PARENT SIGNATURE

DATE

Please Note: Maximum tuition assistance for our classes, camps, and workshops (excluding residential camps) is **limited to 1/3 of the total cost of the class.** Eligibility is based on Oregon's Income Eligibility Guidelines for the Free and Reduced Lunch Program, which is based on gross family income and household size.

Mail to: **SOU Pre-College Youth Programs, Southern Oregon University, 1250 Siskiyou Blvd., Ashland OR 97520** or drop off at the Continuing Education office (on Siskiyou Boulevard next to Omar's Restaurant).

To complete registration for this class, your part of the tuition must be covered—the other 66% of the class fee. Please call us to confirm the exact amount if you want to include a check with this application.

If you have any questions, please call Catherine Council at (541) 552-6452. Thank you!