

(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 College 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 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 2005-2006 Income Eligibility Guidelines for the Free and Reduced Lunch Program, which is based on gross family income and household size.

Mail to: **SOU Youth Programs, Southern Oregon University ECP, 1250 Siskiyou Blvd., Ashland OR 97520** or drop off at the Extended Campus Programs 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!