

# El Sewedy International Academy



## Tuition Assistance Form

### Please include the following with your application:

- 2017 Personal Tax Return & Business Tax Return (Please include applicable W2 and/or 1099M)
- The last three pay stubs from all current employment
- The last three bank statements

Incomplete applications will NOT be processed and you will not receive assistance.

If you file taxes separately from your spouse or are divorced, we need BOTH tax returns.

If you own a business, you MUST also turn in your business tax return.

Assistance can not be used to cover any fees.

### Parent/Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Do you own, are part owner or financially affiliated with a business or businesses?  YES  NO

Do you own, are part owner or financially affiliated with a business or businesses?  YES  NO

If yes, please state the type of business and name(s) of business(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please state the type of business and name(s) of business(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

- Parents are married
- Parents are separated
- Parents are divorced
- Father has custody
- Other (please explain):  
\_\_\_\_\_  
\_\_\_\_\_

- Joint custody
- Single-parent household
- Father is deceased
- Mother is deceased
- Mother has custody

**Gross Monthly Income:**

	Dividends	Alimony	Child Support	Rental Income	AFDC/Food Stamps	All Other Business Income
Father						
Mother						
Adult Sibling						
Other						

**Student Information:**

Student 1  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 2  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 3  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 4  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 5  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I attest that the information provided by me is true and accurate to the best of my knowledge and that **falsifying information may be grounds for denial of application** or dismissal from any and all Academy programs and affiliated activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Date Tuition Assistance Application Received: _____ Copy of tax return received? <input type="checkbox"/> YES <input type="checkbox"/> NO Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO Why? _____ Tuition Assistance Committee Initials: _____ Comments: _____ _____
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