

El Sewedy International Academy



Tuition Assistance Form

Please include the following with your application:

- 2018 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: _____ _____
