



Box 68 Jericho, VT 05465 899-3832  
Tuition Assistance Application Form

**CONFIDENTIAL**

Child's name \_\_\_\_\_ Program \_\_\_\_\_

Parent's name \_\_\_\_\_ Phone number \_\_\_\_\_

Tuition assistance request based on : \_\_\_\_\_ financial need  
\_\_\_\_\_ emergency financial situation

Tuition balance due: \$ \_\_\_\_\_

Amount of tuition assistance requested: \$ \_\_\_\_\_  
(Please see tuition assistance policy for eligibility guidelines)

Most recent tax return attached? \_\_\_\_\_  
(required for all applicants)

Copy of Dr. Dinosaur (Medicaid) card attached? \_\_\_\_\_  
(required only for applications based on financial need)

Need statement (if additional space is needed, please use back side of this form):

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Signature Date