



3590 W. 18<sup>th</sup> Ave • Eugene, Oregon 97402 • 541-686-1223 • Fax 541-687-1493

## TUITION ASSISTANCE APPLICATION

Date \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Financial Information

*All financial information disclosed will be held confidentially and used only to assess family need.*

Current Household Annual Income : \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Number of students in household: \_\_\_\_\_

Based on our current situation, we can pay \$ \_\_\_\_\_ per month toward our child's education at Wellsprings.

In addition to financial contributions, I/we could contribute \_\_\_\_\_ hours of volunteer time per month toward tuition assistance.

*The above information provided is accurate and true to the best of my knowledge. I understand that Wellsprings Friends School will do everything they can to provide tuition for all students who are interested in attending.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date