

**St. Vrain Valley School District
Tuition Assistance Application**

Please fill out the entire form and return in it to the office at your school of attendance. The information you provide will be used to determine your family's eligibility for tuition assistance.

Students Attending St. Vrain Valley Schools

First Name	MI	Last Name	Birthdate			Grade
			M	D	Y	

List Everyone Living In Household NOT Attending St. Vrain Valley Schools

First and last name of all adults and children not listed above	Earnings from work before Deductions	Welfare payments Child support/Alimony	Payments from Pension Retirement/Soc. Sec.	Other income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →

Signature Printed Name Date

I hereby promise that all information on this application is true and that all income is reported.

Address City Zip Phone

For Office Use Only:	Qualification Category
Total Monthly Income _____	Free Reduced DNQ Date _____
Total # Household _____	Official _____