

SEWANEE CHILDREN'S CENTER TUITION ASSISTANCE APPLICATION

Full name(s) of child(ren) enrolling in SCC: _____

Date(s) of birth: _____

Name of person completing this form: _____

Relationship to child: _____

1. Your Household Size

Please complete the table. List yourself on the first line.

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU	Is any income earned by this person counted towards the household income?
		<i>self</i>	

Total household size (number of people): _____

2. Your Annual Household Income

Please complete the table with your annual income amounts.

Your annual income	\$
Annual income of all other family members listed in the chart above (Do not include your income.)	\$
Additional income or support (eg., child support, educational support living stipend, if not included above, parental support) <i>Please indicate type of support:</i>	\$
Total Income	\$

If anything has changed since you filed your most recent federal income tax return (for example, marital status, number of dependents, or income) please explain below:

3. Financial Hardship

If your family has a situation that has caused you to incur expenses, debts, or loss of income, please describe the situation and the financial hardship below:

4. Documentation

Please attach to this form:

A copy of your most recently filed Federal Income Tax return (Form 1040 or 1040EZ)

Proof of income listed in Part 2 (copy of pay stubs, statement of academic stipend, etc.)

5. Certification

I hereby certify that the information in this Tuition Assistance Application is true and accurate to the best of my knowledge. I agree to inform the Sewanee Children's Center of any change in income or financial resources and understand that such a change may alter a scholarship awarded on the basis of this application.

Signed _____

Date _____