



## Application for Tuition Assistance Program

Please note due to the pool of available funds for the program, financial assistance will be granted on a first come, first serve basis. In order to apply for tuition assistance, you must:

1. Complete this application form. To maintain confidentiality, all documents should be presented in a large sealed envelope; and
2. Include a cover letter requesting assistance that provides further contextual support for the information below, as necessary. If you have extenuating circumstances, extraordinary medical expenses or another situation with negative financial impact to your family, describe the financial situation and its impact; and
3. Provide a copy of your latest Federal Tax Form.
4. Completed applications should be sent to: Oakhurst Cooperative Preschool; P.O. Box 2583, Decatur, GA 30031-2583; Attn: President – TAP

Student Name	Age Group

Number Days / Week	Date of Application	Monthly Tuition	Amount of Assistance Requested

### Family Income and Assets

What is your family's gross income?	Please indicate marital status	Do you own your home?	How much do you have in savings?
	Single parent, Married/Partnered, Widowed, Separated, Divorced	Yes / No	

Do you own a rental or vacation property?	Please itemize and indicate total value of property.	Do you have any other source of income or support?
Yes / No		

### Family Expenses: Please itemize the following monthly expenses.

Rent/Mortgage	Utilities	Other Loan Payments	Describe Other Expenses	Total Estimated Monthly Expenses

## Family Information

Number of family members in the household	How many dependent children are in the household? Please give their ages.	Any other dependents? Please give ages and relationship, if necessary.	Do you have extraordinary medical expenses? If yes, please describe in your letter, including financial impact.
			Yes / No

Do you have any extenuating circumstances, such as unemployment or loss of income that you would like the Committee to consider? If yes, please describe in your letter, including financial impact.	Is your request for assistance based on a temporary circumstance or an ongoing need? If yes, please describe in your letter, including financial impact.
Yes / No	Yes / No

Signature of Parent or Guardian	Print Name & Date

Email address of best contact (Parent or Guardian ), for correspondence re: application status:

OCP use only - Add items for administration / circulation to Financial Assistance Committee.  
 Place date and time stamp here: