

SOUTH BRUNSWICK COMMUNITY EDUCATION
 South Brunswick Township Public Schools
 P.O. Box 701, Monmouth Junction, NJ 08852

**INFORMATION FOR SLIDING SCALE TUITION ASSISTANCE
 FOR COMMUNITY EDUCATION PROGRAMS**

CHILD'S NAME _____ SCHOOL _____ PROGRAM _____
 CHILD'S NAME _____ SCHOOL _____ PROGRAM _____

All information contained on this application shall be held strictly confidential. It shall be used only by Community Education programs to determine eligibility and tuition fees.

HOUSEHOLD MEMBERS: List the names of every adult and child living in your household, include yourself and the children listed above and check if 21 years or older. **MONTHLY INCOME SOURCES** are Wages, Salaries, Social Security, Pension, Unemployment Benefits, Worker's Comp., Welfare, Child Support, Alimony etc. Gross earnings is the amount you are paid before any deductions are taken.

| NAMES | MONTHLY INCOME: ALL SOURCES | | | | |
|---|-----------------------------|----------|---|---|------------------|
| List the Names of Everyone in Household | Gross Earnings from Work | | Welfare, Child Support, Alimony, Unempl. Benefits | Payments from Pensions, Retirement, Soc. Security | Any Other Income |
| | Job #1 | / Job #2 | | | |
| 1. _____ | \$ | \$ | _____ | _____ | _____ |
| 2. _____ | \$ | \$ | _____ | _____ | _____ |
| 3. _____ | \$ | \$ | _____ | _____ | _____ |
| 4. _____ | \$ | \$ | _____ | _____ | _____ |
| 5. _____ | \$ | \$ | _____ | _____ | _____ |
| 6. _____ | \$ | \$ | _____ | _____ | _____ |

| | |
|---|---|
| <p>Father's Name _____ His Address _____ His Best Phone # _____ His Employer _____ His Work Phone _____ His Email address _____</p> | <p>Mother's Name _____ Her Address _____ Her Best Phone # _____ Her Employer _____ Her Work Phone _____ Her Email Address _____</p> |
|---|---|

A. **I am paid:** **Monthly** (12 pays/yr.) _____ **2 times per month** (24 pays /yr.) _____ **Every other week** (26 pays/yr.) _____ **Weekly** (52 pays/yr.) _____ **Other** _____

B. **List unusual monthly expenses** (use back of form if necessary) _____

C. **List unusual circumstances that would help us evaluate your application.** _____

Submit: a copy of 2017 IRS 1040 or 1040A form
Submit: copy of 1 month's worth of recent pay stubs

I certify that the above is a true statement of my household's financial condition.

Name _____ Signature _____ Date _____

PLEASE RETURN TO COMMUNITY EDUCATION's drop box at 231 Black Horse Lane, fax 732-274-0541,
 Email maria.chavkin@sbschools.org; call Maria Chavkin at 732-297-7800 x3175 with questions.