



STELLAR ACADEMY FOR DYSLEXICS
Application for Tuition Assistance

Return this application postmarked no later than June 1st. Be sure to include copies of your most recent income tax statements and W-2 forms with your application.

To the applicant: The information that you supply in this application will be kept strictly confidential and will not be available to any individual or group not directly involved in the review of tuition assistance at Stellar Academy.

Please answer all questions in this application.

Student's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

Phone: _____ (h) _____ (w) _____ (cell)

Home Address: _____ City/State _____ Zip _____

Dependent children or family members listed as income tax deductions.

Name	Age	SSN

Office Use: New student Returning student

Father/Guardian Employment Information:

Employer: _____ Phone: _____

Employed from: _____ Position: _____

Estimated annual income this year: _____ Last year: _____

(Please include all commissions, salary, and bonuses)

Mother/Guardian Employment Information:

Employer: _____ Phone: _____

Employed from: _____ Position: _____

Estimated annual income this year: _____ Last year: _____

(Please include all commissions, salary, and bonuses)

Annual Income of Student (if any):

Other Sources of Income:

<u>Source</u>	<u>Annual Amount</u>	<u>Source</u>	<u>Annual Amount</u>
Dividends	\$ _____	Interest	\$ _____
Royalties	\$ _____	Trust Funds	\$ _____
Social Security	\$ _____	Child Support	\$ _____
Pensions	\$ _____	Welfare	\$ _____
Alimony	\$ _____	Other	\$ _____

Annual Total of Other Income \$ _____

Assets:

Cash in banks (savings and checking)	\$ _____
Securities/bonds	\$ _____
Automobiles/vehicles/boats/other recreational vehicles	\$ _____
All receivables	\$ _____
Real estate equity	\$ _____
Other investments/assets (cash value)	\$ _____
Life Insurance (cash value)	\$ _____
Net Worth Total	\$ _____

Do you expect your finances to change during the upcoming year?

Please explain: _____

Additional information - If more space is needed, attach a separate sheet.

Checking Account No: _____ Savings Account No: _____

Financial Institution : _____

Nearest Relative Not Living With You (Complete Address)

Name: _____

Address: _____

Phone Number: _____

Credit experience. List the following obligations including those for the payment of alimony, child support or separate maintenance. Attach a separate sheet if necessary. Also, if any credit is under another name or jointly with other individuals, indicate name (and social security number, if known) on a separate sheet.

HOME OWN RENT

Purchase Price: _____ Current Balance: _____

Monthly Payment: _____ Rent: _____

Second Mortgage: _____ Company or Lender: _____

Monthly Payment: _____ City: _____

Account Number: _____

Auto Loan: _____ Other Loan: _____

Obligated to pay child support or alimony? Yes No If yes, how much?

CONDITIONS

If tuition assistance is granted, there will be a monthly payment that must be contracted. This contract must be signed by the responsible party prior to attendance at Stellar Academy.

If tuition assistance is granted, the responsible party agrees to:

- 1. Begin and maintain an active IEP file in their local school district with copies of the IEP sent to Stellar Academy
- 2. Insure good attendance, behavior, and homework completion by the student throughout the school year
- 3. Attend all parent conference meetings
- 4. Participate in Stellar Academy sponsored events

DATE/SIGNATURE _____

AGREEMENT:

I (we) declare that the information reported in this application is complete and factual to the best of my knowledge. I (we) further agree to provide, if requested, any other information or records required to verify the information contained herein. I (we) further represent that the foregoing is a true statement of the financial position of the undersigned as of the date indicated and I (we) agree that Stellar Academy may rely on the information to be true until notified in writing by the undersigned that there has been a significant change in the facts as represented.

I (we) understand that should this information prove to be untrue, it may result in the loss of tuition assistance.

The application and the supporting information will become the property of Stellar Academy for Dyslexics and will be part of their permanent records. This information will not appear in the academic record of the candidate.

Signed: _____ Date: _____

Signed: _____ Date: _____