



FINANCIAL ASSISTANCE APPLICATION

Session 1 2019

Please complete the following information to aid us in determining your family's eligibility for financial assistance. Please understand that **completion of this application does not guarantee financial assistance.**

Please submit, with this form, a copy of certification that the child(ren) in the family qualify for free or reduced price school meals, or your most recent tax return (if child is pre-school age). All information will be kept confidential.

Name of student: _____

Name of person completing this application: _____

Home Phone number: _____ Cell # _____

Please give the total number in immediate family: _____

Does this child (or other children in the family) qualify for free or reduced-price School meals _____ (Please attach copy of eligibility letter.)

If you do not have certification of eligibility for free/reduced price school meals, please list the adjusted annual income from your 2018 Federal tax return:

What percentage of the tuition do you feel **unable** to cover? _____

Please remember that the maximum financial aid available is 50% of tuition for those who qualify for free school meals, 30% for those who qualify for reduced price school meals. (If applying for siblings, the maximums are 40% and 20% in addition to the 10% sibling discount)

Due to an increasing number of requests for financial aid, DCE may not be able to offer the maximum percentage to all applicants.

Are there any extraordinary financial circumstances that we should take into consideration when reviewing your application?