

2009 TUITION ASSISTANCE APPLICATION

Division of Continuing Education Youth Education

Student and Parent/Guardian: The Youth Education Program has limited tuition assistance funds available to assist applicants, and their families, who cannot meet the cost of the program. Financial assistance will be awarded to students who qualify for the Federal free and reduced school lunch program (Form A). The same income guidelines will be used for families who are not enrolled in that program (Form B).

Please note that the tuition assistance materials will be held confidentially throughout the calendar year. All financial assistance application materials will be destroyed when the program has concluded. All students must fill the questionnaire on page 2. Parents will be asked to pay the supply fee for some programs.

Please call Youth Education at (801) 581-6984 if you have any questions regarding this application. Return completed application by fax (801) 585-1613 or mail to:

Youth Education
University of Utah
1901 E. South Campus Dr., Rm. 1169
Salt Lake City, Utah 84112-9359

Date _____ Semester/Year _____

Course (s) requested _____

Student's Name _____ Birthdate _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name _____

Parent e-mail address _____

HM Phone & Cell number (s) _____ WK Phone _____

Emergency Contact (Name and Relation) _____

HM Phone & Cell Number (s) _____ Work Phone _____

Payment Method (if paying for supply fee): _____ Charge (MC, VISA, Disc, Am Exp)

Card # _____ Cash _____ Check # _____

	OFFICE USE
Amount Granted	
Semester	
Course ID	
Funding Source	

**Parents may need to help younger students answer these questions.

1. Race (check all that apply)

Note: This information is required by some of our grants.

- Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- Race not included above, please specify _____

2. How did you hear about this program?

3. Why do you want to be involved in this program?

4. Tell us about yourself. (Your favorite subjects, what you like to do outside of school, etc...)

5. What are some of your strengths? (Students Age 9-17)

6. If we had to decide between you and another student, why should we select you? (Age 9-17)

7. Are there any reasons why you could not attend everyday?

8. A short description of why coming to this program is important to you/important to the parent?

FORM A

For applicants currently enrolled in a federally assisted school lunch program, completion of Form A is required with a signature from the applicant's principal or counselor. (Based on Federal Income Eligibility Guidelines as enclosed.)

FORM B

For applicants **not** currently enrolled in a federally assisted school lunch program, completion of Form B is required along with a copy of the most recent tax return for the applicant's household.

FORM A
Waiver Verification for Youth Education
Tuition Assistance

I, the undersigned, hereby certify that _____
(Student's name)
is currently enrolled in the 2006-2007 Federal Assistance Free and Reduced Lunch Program offered
here at _____ School, in _____ School District,
in the State of _____.

Cognizant Principal's Signature: _____

Area Code & Phone Number: _____

Or

Cognizant Vice Principal's Signature: _____

Area Code & Phone Number: _____

Or

Cognizant Counselor's Signature: _____

Area Code & Phone Number: _____

Any comments regarding the applicant's economic circumstances: (optional)

Date: _____

FORM B
General Application for Youth Education
Tuition Assistance

Parent or Guardian: Please complete the information below and include a copy of your most recent income tax return with this form.

Student's Name: _____

Student's Address: _____

Student's Birthdate: _____ Parent's E-mail Address: _____

Home Phone Number: _____

Student's School: _____

School Address: _____

School Phone Number(s): _____

Mother or Guardian: _____

Address: _____

Mother or Guardian's Phone Number: _____

Mother or Guardian's Primary Employer: _____

Primary Employer's Address: _____

Position with Primary Employer: _____

Primary Employer's Phone Number(s): _____

Father or Guardian: _____

Address: _____

Father or Guardian's Phone Number: _____

Father or Guardian's Primary Employer: _____

Primary Employer's Address: _____

Position with Primary Employer: _____

Primary Employer's Phone Number(s): _____

Optional: A letter that outlines your economic circumstances.

INCOME ELIGIBILITY GUIDELINES

According to US Federal Standards for Monthly Income

Effective from July 1, 2008 to June 30, 2009

<i>Household Size:</i>	<i>Yearly income for free lunch program:</i>	<i>Yearly income for reduced lunch program:</i>
<i>1</i>	\$13,520	\$19,240
<i>2</i>	\$18,200	\$25,900
<i>3</i>	\$22,880	\$32,560
<i>4</i>	\$27,560	\$39,220
<i>5</i>	\$32,240	\$45,880
<i>6</i>	\$36,920	\$52,540
<i>7</i>	\$41,600	\$59,200
<i>8</i>	\$46,280	\$65,860
<i>Add for each person</i>	\$4,680	\$6,660