

**Middlebury and Southbury BAS Region 15 Program
Tuition Assistance Application**

To apply for tuition assistance for your child(ren), please complete both pages of this application and provide the last 4 payroll stubs, unemployment receipts or any other proof of income. **Mail completed forms and proof of income to: Carol Cipriano, c/o BAS Program, P.O. Box 1121, Middlebury, CT 06762. All forms must be completed and mailed to Carol by August**

All of the financial information on page 2 is confidential and will not go beyond the tuition assistance committee's files. Under no circumstances will this information be used for any purpose other than in review for the subsidy money to the Region #15 BAS program.

Name of School Attending: _____

(Check AM or PM days needed)

Student Name (s)		M	T	W	Th	Fri
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					

Will your child(ren) be enrolled in the school lunch program? Yes ___ No ___

If yes, please check one of the following: _____ Reduced Cost _____ No Charge

Are there any special circumstances or additional information or comments you feel may help us in our decision making process?

Required: All applications must be notarized by a Notary Republic. Signature below required in front of Notary Republic. It is the policy of the BAS board to review financial status of current applicants within the school year.

Signature of Applicant

_____ Print Name: _____

Date Signed by Applicant: _____

Subscribed and sworn to before me on: _____
Date

Signed (Notary Republic, commissioner of superior court, asst. clerk) _____ **Seal of Notary:**



Tuition Assistance Committee	
Application Reviewed: _____	Date: _____
Application Denied Due To: _____	
Reasons:	
Income above guidelines: _____	Incomplete application _____ Not Notorized _____

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Name of Applicant: _____ **Home Phone #:** _____
Work Phone #: _____ **Cell Phone #:** _____
Name of Co-Applicant: _____ **Home Phone #:** _____
Work Phone #: _____ **Cell Phone #:** _____
Address: _____ **Town:** _____

Please complete tuition assistance forms and proof of employment. Include the last 4 payroll stubs, unemployment receipts or any other proof of income.

Part 1: Expenses	Monthly	Part 2 : Income	Monthly
Cash Expenses		Employment Earnings	
Groceries		Applicant Earnings (Wages, tips, overtime, etc.)	
Clothing		Co-Applicant Earnings (Wages, tips, overtime, etc.)	
Medical (Doctor, dentist, eyeglasses, medication, etc.)		Total Earnings	
Personal (Beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)		Other Income:	
Household:		Child Support	
Fuel		Alimony	
Electricity		Rental Income	
Telephone (include cell phones)		Unemployment	
Cable TV		Social Security	
Water and/or Sewer		Welfare income	
Computer Internet Connection		Retirement	
Other Debt:		Public Assistance	
Mortgage/Rent Payment		VA	
Credit Cards		Other Income	
Medical		Total Income (Earnings + Other Income)	
Car Loans		Part 3: Summary	
Personal Loans		A) Total Income (Part 2)	
Child Support/Alimony		B) Total Expenses (Part 1)	
Gifts (Holidays, birthdays, charity, church, etc.)		C) Balance (A -B)	
Education (Tuition, books, fees, school lunches, etc.)		Signatures Required	
Entertainment		Signature of Applicant	Date
Car (gas, tires, repairs, etc.)		Signature of Co-Applicant	Date
Insurance:		Authorized BAS Signature	Date
Real Estate		I certify that all information is true and correct and that all income is reported. I understand that the information is being given to the Region #15 Before and After School tuition assistance committee for the sole purpose of subsidy grants.	
Auto(s)			
Health & Life			
Taxes			
Real Estate			
Income			
Personal Property			
Total Expenses			