

SELF HAND-UP Tuition Assistance Program

Pre-Eligibility Inquiry Form



Please provide the following information to see if your family is eligible to apply for our *Tuition Assistance Program*. All information will be kept confidential and only used by the SELF committee:

Name of child(ren) aged birth through 3 or 4 years you are seeking tuition assistance for:

Family's total gross annual income: \$_____

Total number of family members in the household: Adults (18+) _____ Children (0-17) _____

Number of working adults in the household: _____

Name of person completing this form: _____

Relationship to child(ren) _____

Best phone number: _____ Email address: _____

Please email this completed form to mary@santorofoundation.org

To be completed by SELF: Applicant is deemed:

_____ Eligible _____ Ineligible to apply for the Hand-Up Tuition Assistance Program.

Applicant notified on: _____

Notes: _____
