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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 4 years (*until VPK qualification age*) for whom you are seeking tuition assistance:

Child 1 name: \_\_\_\_\_ Child 2 name: \_\_\_\_\_

Child 3 name: \_\_\_\_\_

Name of current preschool center: \_\_\_\_\_  
(if currently enrolled in one)

If not already enrolled, name & location of preschool center you hope or plan to enroll your child(ren) in: \_\_\_\_\_

Family's total gross annual income: \$\_\_\_\_\_ What County do you reside in? \_\_\_\_\_

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 form with the above information completed to [mary@santorofoundation.org](mailto:mary@santorofoundation.org)*

*This section is to be completed by SELF:*

Applicant is \_\_\_\_\_ Eligible \_\_\_\_\_ Ineligible to apply for the Hand-Up Tuition Assistance Program.

Applicant notified on: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_