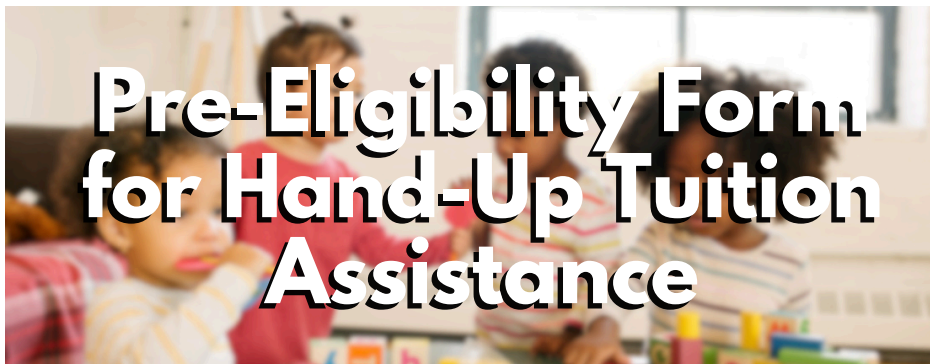




Helping people become their best selves.
www.selfnow.org



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 already enrolled: _____

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

What county do you live in? _____

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 form with the above information completed to
margarita@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:

