



**CLOSE REACH**  
— ACADEMY —

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**Supplemental Application for Tuition Assistance**

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Name of Parent/ Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Please list students that will be attending Close Reach Academy

<b>Student Name:</b>	<b>Age:</b>	<b>Monthly Tuition:</b>
1) _____	1) _____	_____
2) _____	2) _____	+ _____
3) _____	3) _____	+ _____
4) _____	4) _____	+ _____
5) _____	5) _____	+ _____
6) _____	6) _____	+ _____

**Total Monthly Tuition: \$** \_\_\_\_\_

*Of the total responsibility, we believe we can pay monthly:* - \_\_\_\_\_

*Of the total responsibility, family and/or friends can contribute:* - \_\_\_\_\_

**We request the remaining amount in Monthly Tuition Assistance: \$** \_\_\_\_\_

**\*Please fill this page out completely, you may use a separate sheet of paper if needed.\***

If your financial circumstances have changed significantly this past year or you expect them to change in the near future (within 6 months), please explain.

Do you feel your need for tuition assistance will be temporary or ongoing?

**Please attach your two most recent paycheck stubs and completed financial review sheet.**

**I attest that all of the information in this application is correct and true to my knowledge and understanding. I understand that any tuition assistant received by Close Reach Academy is for the current academic year only and is reviewed on a yearly basis.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

## Monthly Financial Review

<u>Item</u>	<u>Amount</u>
Housing	:\$ _____
Water/Sewer/Gas	:\$ _____
Electricity	:\$ _____
Internet / TV	:\$ _____
Cell Phone	:\$ _____
Car Payment(s)	:\$ _____
Insurance (Auto/Health)	:\$ _____
Medical Expenses	:\$ _____
Other	:\$ _____
Subtotal:	:\$ _____