

SOUTH BRUNSWICK COMMUNITY EDUCATION
 South Brunswick Township Public Schools
 P.O. Box 701, Monmouth Junction, NJ 08852

**INFORMATION FOR SLIDING SCALE TUITION ASSISTANCE
 FOR COMMUNITY EDUCATION PROGRAMS**

CHILD'S NAME _____ SCHOOL _____ PROGRAM _____
 CHILD'S NAME _____ SCHOOL _____ PROGRAM _____

All information contained on this application shall be held strictly confidential. It shall be used only by Community Education programs to determine eligibility and tuition fees.

HOUSEHOLD MEMBERS: List the names of every adult and child living in your household, include yourself and the children listed above and check if 21 years or older. **MONTHLY INCOME SOURCES** are Wages, Salaries, Social Security, Pension, Unemployment Benefits, Worker's Comp., Welfare, Child Support, Alimony etc. Gross earnings are before any deductions are taken.

NAMES	MONTHLY INCOME: ALL SOURCES				
List the Names of Everyone in Household	Gross Earnings from Work		Welfare, Child Support, Alimony, Unempl. Benefits	Payments from Pensions, Retirement, Soc. Security	Any Other Income
	Job #1	/ Job #2			
1. _____	\$	\$	_____	_____	_____
2. _____	\$	\$	_____	_____	_____
3. _____	\$	\$	_____	_____	_____
4. _____	\$	\$	_____	_____	_____
5. _____	\$	\$	_____	_____	_____
6. _____	\$	\$	_____	_____	_____

<p>Father's Name _____ His Address _____ His Home Phone _____ His Employer _____ His Work Address _____ His Work Phone _____</p>	<p>Mother's Name _____ Her Address _____ Her Home Phone _____ Her Employer _____ Her Work Address _____ Her Work Phone _____</p>
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A. **I am paid:** **Monthly** (12 pays/yr.) _____ **2 times per month** (24 pays /yr.) _____ **Every other week** (26 pays/yr.) _____ **Weekly** (52 pays/yr.) _____ **Other** _____

B. **List unusual monthly expenses** (use back of form if necessary) _____

C. **List unusual circumstances that would help us evaluate your application.** _____

Please submit a copy of 2007 IRS 1040 or 1040A form with this application and a copy of one month's worth of recent pay stubs, and/or other back-up information where appropriate.

I certify that the above is a true statement of my household's financial condition.

Name _____ Signature _____ Date _____

PLEASE RETURN TO COMMUNITY EDUCATION TAP, PO Box 701, Mon. Jct., NJ 08852
 Call Maria Chavkin at 732-297-7800 x3175 with questions. (REV. 2/07)