



Cobb Meadow School Tuition Assistance Request

Parent's Names _____

Address _____

Phone _____ Email _____

Child's Name _____ Child's Date of Birth _____

Employers and
Positions _____

Lift full names and ages of all persons in the household:

- 1) _____ Age _____
- 2) _____ Age _____
- 3) _____ Age _____
- 4) _____ Age _____
- 5) _____ Age _____
- 6) _____ Age _____
- 7) _____ Age _____
- 8) _____ Age _____

Annual Family Income

- Less than \$10,000
- \$10,001-\$20,000
- \$20,001-\$35,000
- \$35,001-\$50,000
- Over \$50,000

Please explain any unusual circumstances that affect your financial situation:
(Attach extra sheet if necessary)

How Much support are you requesting?

How many days are you planning on enrolling your child? Would you stay for lunch?

Have you received support previously for Cobb Meadow School? If so, how much?