



## Tuition Assistance Grant Application

***All Applications need to have current Income Tax Returns attached***

### Part I – (this information is for office use only)

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Second Parent/Guardian's Name: \_\_\_\_\_

Address: (if different from above)

\_\_\_\_\_

\_\_\_\_\_

List add Dependents:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Part II – (This section is viewed by the TAG Committee)**

**Dependent Information**

Dependent #	Age	Relationship to Applicant	School/Grade	HCC (y/n)
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____

**Marital Status**

\_\_\_\_ Married                      \_\_\_\_ Married (separated)                      \_\_\_\_ Single  
\_\_\_\_ Divorced                      \_\_\_\_ Legally separated                      \_\_\_\_ Widowed

**Custodial Information**

Is there a Court Order for the support of the child(ren):    \_\_\_\_ Yes    \_\_\_\_ No

Is there any agreement specifying a contribution for this student’s educational or childcare expenses?

\_\_\_\_ Yes    \_\_\_\_ No    If yes, how much per month? \$\_\_\_\_\_

Do you receive alimony and/or child support?    \_\_\_\_ Yes    \_\_\_\_ No

Are payments up to date?    \_\_\_\_ Yes    \_\_\_\_ No    Delinquent amount  
\$\_\_\_\_\_

**Additional Information**

Please indicate below any additional relevant information that the TAG Committee will need to make a decision.

**Employment Status**

Applicant’s Employer: (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours per week worked \_\_\_\_\_

Are you paid? \_\_\_\_ Salary \_\_\_\_ Hourly \_\_\_\_ Commission \_\_\_\_ Bonus  
\_\_\_\_ Other(describe)

How often are you paid? \_\_\_\_ Weekly \_\_\_\_ Bi-weekly \_\_\_\_ Semi-monthly \_\_\_\_ Monthly

**Second parent/Guardian’s Employer: (Name and Address)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours per week worked \_\_\_\_\_

Are you paid? \_\_\_\_ Salary \_\_\_\_ Hourly \_\_\_\_ Commission \_\_\_\_ Bonus  
\_\_\_\_ Other(describe)

How often are you paid? \_\_\_\_ Weekly \_\_\_\_ Bi-weekly \_\_\_\_ Semi-monthly \_\_\_\_ Monthly

**Real Estate Information**

Do you own or rent current residence? \_\_\_\_ Own \_\_\_\_ Rent

Is your landlord related to you? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is the relationship? \_\_\_\_\_

Do you own any real estate other than your primary residence? \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete:	Present Market Value
____ Investment Property	\$ _____
____ Vacation Home	\$ _____
____ Business Property	\$ _____
____ Other	\$ _____

**Automobile Information**

Please list make and model of you automobile	Year	Own/Lease
1. _____	_____	_____
2. _____	_____	_____

**Income Information**

Source:	Applicant Amount per Month	Second Parent/Guardian Amount per Month
Gross Wages	_____	_____
Interest and dividends	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Unemployment benefits	_____	_____
Workman's compensation	_____	_____
Social Security benefits	_____	_____
Veteran's benefits	_____	_____
Public Aid	_____	_____
Tuition Aid	_____	_____
Annuities	_____	_____
Aid from relatives	_____	_____
Property rental income	_____	_____
Other: _____	_____	_____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

Please indicate if the dependents have income from any of the following sources:

Source:	Amount per Month
Employment	_____
Social Security benefits	_____
Trust funds	_____
Scholarships	_____
Aid from relatives	_____
Other: _____	_____
<b>Total</b>	<b>\$ _____</b>

## Expenditures

### Monthly

Mortgage/Rent	_____	
Real Estate Taxes (if not included in mortgage)	_____	
Credit Cards	_____	
Bank Loans	_____	
Utilities		
Electric	_____	
Gas	_____	
Oil	_____	
Sewer/Water	_____	
Landline/Cell Phone	_____	
Cable/Internet	_____	
Education		# of months
School Tuition	_____	_____
College	_____	_____
School Expenses (supplies)	_____	_____
Haddonfield Child Care	_____	_____
Other Child Care	_____	_____
Summer Care	_____	_____
Other _____	_____	_____
Transportation		
Public	_____	
Automobile payment	_____	
Automobile Fuel	_____	
Auto Maintenance	_____	
Insurance		
Health	_____	
Life	_____	
Automobile	_____	
Home/Renters	_____	
Other _____	_____	
Medical	_____	
Clothing	_____	
Food	_____	
Entertainment	_____	
Vacations	_____	
Club Memberships	_____	
Extracurricular Activities	_____	
Other _____	_____	
<b>Total</b>	<b>\$ _____</b>	