



For Office Use Only:

Tutoring Rate:		Initial Eval Discount:
# of Hours:	Repeat?	
Date Application Rec:	Date RR Approved:	Date Letter Sent:
Tutor:		Start Date:

Reduced Rate Tutoring Application

The person who will be financially responsible for tutoring fees must complete this form in its entirety. Leaving any questions unanswered will result in delays in processing. All financial information provided is solely for the use of Specialty Tutoring in determining eligibility for Reduced Rate Tutoring and will be held in the strictest confidence.

ATTENTION: The following document must be attached to this form:
 A copy of the most recent federal tax return (pages 1-2) for all wage-earners of the household in which the child primarily resides.

Please print all information.

Child's Name: _____ Grade: _____ Age: _____ School: _____

Child's Primary Residence (circle one): Both Parents Mother Father Other _____

Name of Person Financially Responsible for Child's Tutoring : _____

Address: _____

Daytime Contact Phone Number: _____ Email: _____

List names and ages of all members of household where child primarily resides. Use additional sheet of paper if necessary.

Name	Relationship to Child	Age

HOUSEHOLD INCOME: (List information for all wage-earners residing in the household.)
 Specialty Tutoring reserves the right to request a copy of an employee pay stub verifying current income.

Mother's Full Name:	Father's Full Name:
Employer:	Employer:
Pre-Tax Earnings:	Pre-Tax Earnings:
Circle One: Annual Monthly Biweekly Weekly	Circle One: Annual Monthly Biweekly Weekly
Other Household Wage-Earner:	Other Household Wage-Earner:
Relationship to Child:	Relationship to Child:
Employer:	Employer:
Pre-Tax Earnings:	Pre-Tax Earnings:
Circle One: Annual Monthly Biweekly Weekly	Circle One: Annual Monthly Biweekly Weekly

List ALL other sources of income, including, but not limited to: second or part-time jobs, child support, food stamps, mortgage or rent assistance, WIC, unemployment payments, disability payments, interest income, rental income, financial assistance from relatives.

Other Source of Income	Amount	Circle One:
		Annual Monthly Biweekly Weekly
		Annual Monthly Biweekly Weekly
		Annual Monthly Biweekly Weekly

If you feel there are any special circumstances which should be taken into consideration for this application, please note them on the lines below.

I certify that all of the information I have given above is true and accurate.	
Printed Name: _____	
Signature: _____	Date: _____

Specialty Tutoring is dedicated to improving the lives of children with learning difficulties by using a professional staff and research-based, individualized programs that are accessible and affordable to the community.