



Reduced Rate Tutoring Application

*The person 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.

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

School: _____

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

Address: _____

Phone: _____ OK to Text? Y N Email: _____

ATTENTION:
YOU MUST ATTACH a copy of Pages 1 & 2 of the most recent federal tax return for all adult wage-earners of the household in which the child primarily resides.

Specialty Tutoring reserves the right to request a copy of an employee pay stub verifying current income.

Who resides within the child's primary residence? (Use additional sheet if needed.)

Name	Relationship to Child & Age

FOR OFFICE USE ONLY:

Rate: _____ Start Date: _____

# of Hours: _____	Tutor: _____
Approval #: _____	

Received: _____

Approved: _____

Notified: _____

Entered: _____

OVER

List information for ALL ADULTS living in this child's household.

1. Full Name: Relationship to child:	2. Full Name: Relationship to child:
Employer:	Employer:
Pre-Tax (Gross) \$ Earnings:	Pre-Tax (Gross) \$ Earnings:
Circle One: Annual Monthly Biweekly Weekly	Circle One: Annual Monthly Biweekly Weekly
3. Full Name: Relationship to child:	If one of the child's parents is not listed here as living within this household, check reason here:
Employer:	Divorced ____ Deceased ____ Other (explain) _____
Pre-Tax (Gross) \$ Earnings:	
Circle One: Annual Monthly Biweekly Weekly	

Is this household receiving:

(YES or NO must be circled for each item below. If YES, indicate monthly \$ amount received).

Child Support?	Yes No	\$ /mo	Disability Income?	Yes No	\$ /mo
Food Stamps?	Yes No	\$ /mo	Rental Income?	Yes No	\$ /mo
Social Sec./SSDI?	Yes No	\$ /mo	Section 8 Rental Subsidy?	Yes No	\$ /mo
Supplemental Sec (SSI)?	Yes No	\$ /mo	Interest/Dividend Income?	Yes No	\$ /mo
WIC?	Yes No	\$ /mo	Financial Assistance from relatives?	Yes No	\$ /mo
Unemployment Compensation?	Yes No	\$ /mo	Other Income? (Explain):	Yes No	\$ /mo

If you feel there are special circumstances which should be taken into consideration for this application, please note them here:

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