



## Application for Reduced Rate Tutoring

Parent/Guardian 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: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**YOU MUST ATTACH a copy of pages 1 & 2 of the most recent federal tax return (Form 1040) for all adult wage-earners of the household in which the child primarily resides.**

**HOUSEHOLD SIZE: List everyone who resides within the child's primary residence.**

NAME	RELATIONSHIP TO CHILD	AGE	CLAIMED AS DEPENDENT ON TAX RETURN?
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO
			CIRCLE ONE: YES NO

If any person listed above is NOT claimed as a dependent on your attached tax return, please tell us why. (Examples: shared custody, adult child, relative, roommate, etc. )

If one of the child's parents is not listed above, check the reason:    \_\_\_ Divorced    \_\_\_ Deceased

Other: \_\_\_\_\_

**GO TO NEXT PAGE to complete Income Verification →**

<b>FOR OFFICE USE ONLY</b>	RATE:	Initial Eval Discount:	
# of Hours:	Approval #:	Tutor:	Start Date:
Received:	Approved:	Notified:	Emailed:

**CURRENT EMPLOYMENT INCOME: List information for ALL ADULTS living in the child's household.**

**Adult #1:**  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Pre-Tax (Gross) Earnings: \$ \_\_\_\_\_  
Amount listed above is received (circle one):    Annually    Monthly    Bi-weekly    Weekly

**Adult #2:**  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Pre-Tax (Gross) Earnings: \$ \_\_\_\_\_  
Amount listed above is received (circle one):    Annually    Monthly    Bi-weekly    Weekly

If there are any other adult wage earners in the child's household, list their names & income here:

*Specialty Tutoring reserves the right to request copies of employee pay stubs verifying current income.*

**OTHER INCOME (YES or NO must be circled): Does anyone in the household receive:**

Child Support:	YES	NO	\$ _____ / mo.	Foster Child Income:	YES	NO	\$ _____ / mo.
Unemployment:	YES	NO	\$ _____ / mo.	Rental Income:	YES	NO	\$ _____ / mo.
Social Security:	YES	NO	\$ _____ / mo.	Pension/Retirement:	YES	NO	\$ _____ / mo.
SS Disability (SSDI):	YES	NO	\$ _____ / mo.	Help from Family:	YES	NO	\$ _____ / mo.
Supp. Sec. (SSI):	YES	NO	\$ _____ / mo.	Other: _____	YES	NO	\$ _____ / mo.

**SNAP, TANF or WIC:** YES NO *(Specialty Tutoring does not count public benefits as income when determining eligibility.)*

If current income listed above is significantly lower than the Adjusted Gross Income (AGI) line 11 on your tax return, please include one of the following:

- 2-3 weeks recent paystubs OR an employer letter explaining difference in hours or wages
- Self-employment profit & loss statement OR Schedule C
- Termination notice OR unemployment documentation
- Other explanation: \_\_\_\_\_

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: \_\_\_\_\_