



FINANCIAL ASSISTANCE APPLICATION

Fall 2024

Please complete the following information to aid us in determining your family's eligibility for financial assistance. Please understand that **completion of this application does not guarantee financial assistance**. To apply, please submit with this form a copy of certification that the child(ren) in the family qualify for the school meals program, your most recent tax return, or another type of document demonstrating financial need. All information will be kept confidential. Due to an increasing number of requests for financial aid, DCE may not be able to offer the maximum percentage to all applicants.

GENERAL INFORMATION

1. Student Name(s): _____

2. Parent/Guardian Name: _____

If not parent/guardian, please indicate relationship to student: _____

3. Total Number of People in the Immediate Family: _____

ELIGIBILITY & ATTACHMENTS

4a. Does this child (or other children in the family) qualify for the school meals program? Circle: Y N

If so, at which level? Circle: Free Reduced-Priced

Please attach a copy of the school meals eligibility letter or email.

4b. If you do not have certification of eligibility for free/reduced price school meals or do not have an alternative document demonstrating need, please list the adjusted annual income from your 2024 federal tax return: _____

Please attach a copy the first page of your 2024 federal tax return.

TUITION & ADDITIONAL INFORMATION

5. What percentage of the tuition do you feel **unable** to cover? _____

Please remember that the maximum financial aid available is 50% of tuition for those who qualify for free school meals, 30% for those who qualify for reduced price school meals. (If applying for siblings, the maximums are 40% and 20% in addition to the 10% sibling discount.)

6. In a few sentences, please describe any extenuating circumstances or additional information for us to consider when reviewing your application: _____

Please continue on back if needed.