

Service Learning Microschool Organization  
Financial Affidavit for Tuition Assistance

Date: \_\_\_\_\_

Parent(s)/Guardian(s) Information:

- Full Name(s): \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Student Information:

- Student Name: \_\_\_\_\_
- Grade Applying For: \_\_\_\_\_

Financial Information:

Please provide accurate and complete information regarding your financial situation. All information will be kept confidential and used solely for the purpose of assessing tuition assistance needs. This information will be assessed by our finance department and will not be shared with staff members who have daily contact or are responsible for the education and direct well-being of your child.

1. Total Annual Household Income:

- Salary/Wages (after taxes): \$ \_\_\_\_\_
- Other Income (e.g., alimony, child support, rental, passive income): \$ \_\_\_\_\_
- Total Annual Income: \$ \_\_\_\_\_

2. Household Expenses:

- Rent/Mortgage: \$ \_\_\_\_\_
  - Utilities (electricity, water, gas): \$ \_\_\_\_\_
  - Food: \$ \_\_\_\_\_
  - Transportation: \$ \_\_\_\_\_
  - Insurance (health, auto, home): \$ \_\_\_\_\_
  - Childcare: \$ \_\_\_\_\_
  - Other Expenses (please specify): \_\_\_\_\_ \$ \_\_\_\_\_
- (use additional space if necessary)

3. Number of Dependents:

- Please list the names and ages of all dependents living in your household:
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_
  - Name: \_\_\_\_\_ Age: \_\_\_\_\_

- Total Number of Dependents: \_\_\_\_\_

4. Additional Comments:

- Please provide any additional information that may assist in assessing your financial need:

---

---

---

---

---

---

---

---

---

---

---

---

Declaration:

I, the undersigned, declare that the information provided in this affidavit is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of financial assistance.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_