



Tuition Assistance Application

[Use dark pen and print. Do not use pencil.]

First Name _____ Last Name _____ Middle Initial _____

Address _____ City, Zip Code _____, _____

High School _____ Current Year Grade Level _____
(Note: Priority is given to seniors needing credits toward graduation.)

SECTION II: FAMILY INFORMATION

PRIMARY CONTACT

Primary Contact Name _____ Relationship to Applicant _____

Primary Phone (Home) _____ (Cell) _____

Primary Email Address _____

Employer _____ Work Phone _____

SECONDARY CONTACT

Secondary Contact Name _____ Relationship to Applicant _____

Primary Phone (Home) _____ (Cell) _____

Employer _____ Work Phone _____

Number of other children in household _____ Age(s) of other child/ren _____

SECTION III: ACADEMIC INFORMATION

Please answer all questions thoroughly. **Your application will not be considered if questions are unanswered or not answered completely.**

1. List the course(s) you need to take in (check one) _____ Night School _____ Summer School

2. Are you repeating this class? Yes (Answer 2A and 2B.) No (Skip to question 3.)

2A. Why do you think you failed this course? (Be honest, this is confidential information.) _____

2B. What will you do differently if you take this class during night/summer school? _____

3. What are your career goals after high school? _____

SECTION IV: FINANCIAL INFORMATION

This section must be completed by the parent or guardian.

1. Please list the specific reasons why you need financial assistance. _____

2. Total Household Annual Income: \$ _____
3. Is your family currently eligible to receive free/reduced price lunch? Yes No
4. What is the parent's employment status? Full-Time Part-Time Student Unemployed
5. **A portion of the tuition must be paid by the parent/guardian, as this is a partnership between home and school. Please indicate the amount paid by parent/guardian.**

Total Cost of Tuition \$ _____ Parent/Guardian will provide \$ _____

SECTION V: SCHOOL OFFICIAL RECOMMENDATION

This section must be completed by an administrator or school counselor at your home school.

School Official First Name _____ School Official Last Name _____
Position _____ Phone: _____
Email _____

1. Please make a brief statement verifying this student's academic record. How will Night/Summer School help advance their academic goals?

2. Attendance for the Current School Year (Days absent) _____
3. Current Grade Level _____ Current GPA _____
4. Course(s) required for student to graduate? Yes No
5. Certification: I have reviewed the information contained in this application and certify that it is accurate and correct to the best of my knowledge and belief.

School Official's Signature _____ Date _____

**PLEASE SEND THE COMPLETED APPLICATION electronically to
Courtney Baytop, HEF Operations Assistant, at clbaytop@henrico.k12.va.us.**