

LAKE OSWEGO
LEARNING CENTER
Tuition Assistance form

A. Applicant

Name:

Address:

Phone number: (____) _____ Age: _____

B. Family

Father's Full Name:

Address (if different from student's):

Mother's Full Name:

Address (if different from student's):

If someone other than your father or mother supports you, please give the following information about them:

Name: _____ Relationship to you:

Address:

C. Assistance Requested

Full:

Partial:

If "partial" is marked, please write requested monthly tuition amount here:

\$ _____

D. Income

Combined total income from above listed persons

\$ _____

***Income verification will be required of all scholarship recipients.**