

**PLEASE COMPLETE ONLY IF YOU WILL BE PAYING LESS THAN FULL TUITION.
TO DETERMINE TUITION RATE, PLEASE COMPLETE THE TUITION SCHEDULE FIRST.**

TRI-CITIES PREP 2010-2011 Financial Application Form

9612 St. Thomas Drive, Pasco, WA 99301 · (509) 546-2465 · (509) 546-2490 FAX · www.tcrep.org

Please complete and return to Tri-Cities Prep.

The Following Items **Must** Be Enclosed In The "Confidential" Envelope In Order For Your Application To Be Processed. The Confidential Envelope is Part of the Application for Admissions Packet.
DO NOT PLACE ADMISSIONS INFORMATION IN THIS PACKET. ONLY FINANCIAL INFORMATION!

1. Completed Financial Application Form
2. Completed Tuition Schedule Worksheet
3. A **copy** of your last completed Federal Tax Return (2009, if complete). If applicable, all K-1's of any LLC or S-Corp.
4. **(Optional)** Attach a letter to the Principal explaining any extenuating circumstances you may want our Financial consultant and Principal to consider (i.e. that you are taking care of an elderly parent, excessive medical bills, etc.)

Financially Responsible Parent/Guardian Information

1. Financially Responsible Parent/Guardian:

Last First Middle
Home Address _____ Phone _____
Street City State Zip
E-mail Address _____ Home Phone _____ Work Phone _____
Occupation _____

2. Other Parent/Guardian:

Last First Middle
Home Address _____ Phone _____
Street City State Zip
E-mail Address _____ Home Phone _____ Work Phone _____
Occupation _____

3. Parents' Marital Status (Check One) Married Widowed Divorced Separated

4. Total Family Size (Include parents, all children, other persons dependent on and residing with parent listed in item 1) _____

5. Name of Student Applicant(s) (Please print the names and grades of all family members who will be attending Tri-Cities Prep during the 2010-2011 school year.

Students Last Name	First	Grade in 2010-2011	Please Indicate a Returning (R) or Incoming (I) Student

6. Last year's Non-Taxable Income

	<u>Monthly</u>	<u>Yearly</u>
Child Support	\$ _____	\$ _____
Welfare (ADC)	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Student(s) Pell Grants Received	\$ _____	\$ _____
All other income NOT taxed	\$ _____	\$ _____
Total Non-Taxable Income	\$ _____	\$ _____

(The Yearly Non-Taxable Income Total must match the number entered on line 2 on the Tuition Schedule Worksheet)

7. Number of Students and Out of Pocket Tuition you expect to pay at the following tuition-charging school(s) during the next school year:

	<u>Name of School</u>	<u>Student Name(s)</u>	<u>Out of Pocket Tuition</u>
Grade School(s)	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
High School(s)	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
College/Trade School(s)	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

Total (The Out of Pocket Tuition Total must match the number entered on line 3 on your Tuition Schedule Worksheet.) \$ _____

COMMENTS OR ADDITIONAL INFORMATION:

Please attach a separate sheet of paper explaining any extenuating circumstance or any other information that may be useful in evaluating this application.

8. Medical/Dental Expenses as reported on last year's IRS 1040 Schedule A: \$ _____
Attach copy of Schedule A

9. Casualty and Losses as reported on last year's IRS 1040 Schedule A:
 \$ _____
Attach copy of Schedule A.

PARENT/GUARDIAN AUTHORIZATION:

We declare that the information on this application is true, correct and complete. We have attached to this application a copy of our last completed Federal Tax Return (2009, if complete) and all pertinent Schedules (1040 and K-1's for all of your LLC's or S-Corp's).

 Signature of Financially Responsible Parent/Guardian Date

 Signature of Parent/Guardian Date