

Telegraph Hill Neighborhood Center  
660 Lombard Street, San Francisco, CA 94133

**Financial Aid Application**

Note: This application for tuition assistance must be accompanied by **each** parent or caregiver's 3 last pay stubs **and** the most recent yearly tax return(s) & W2/1099.

1. Child's name \_\_\_\_\_

2. Child's home address \_\_\_\_\_

3. Child's birth date \_\_\_\_\_

4. Child lives with \_\_\_\_\_

5. Parent's name (1) \_\_\_\_\_

Parent's home address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Occupation \_\_\_\_\_

Employed by \_\_\_\_\_

Monthly gross salary (include overtime and tips) \_\_\_\_\_

6. Parent's name (2) \_\_\_\_\_

Parent's home address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Occupation \_\_\_\_\_

Employed by \_\_\_\_\_

Monthly gross salary (include overtime and tips) \_\_\_\_\_

7. List all other sources of income below:

	<i>Parent (1)</i>	<i>Parent (2)</i>
Commission/Bonuses	_____	_____
Unemployment	_____	_____
Public Assistance, TANF	_____	_____
Disability	_____	_____
Child Support (received)	_____	_____
Alimony	_____	_____
Pensions	_____	_____
Union Contribution	_____	_____
Workers' Compensation	_____	_____
Social Security (not SSI-SSP)	_____	_____
Other	_____	_____

8. List all dependents (persons receiving your financial support)

Names \_\_\_\_\_

Ages \_\_\_\_\_

Living with you? \_\_\_\_\_

Attending which school(s)? \_\_\_\_\_

9. Monthly amount of tuition you can pay \_\_\_\_\_

I affirm that the statements in this application are true to the best of my knowledge and belief. I will notify Tel-Hi when any changes occur in my income or eligibility status.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Because this worksheet is designed to be a summary of a family's financial situation, it may be necessary for families to provide additional information as requested by the Director of Programs or Executive Director.