

S.P.O.R.T. Development & Education,NFP

10 S Columbia St. Ste. 100, Wenatchee, WA 98801

509-667-1538

Tuition Assistance Form: Make sure ALL information is accurate.

Please check the option that applies to you.

<input type="checkbox"/> S.P.O.R.T. Gymnastics Classes
<input type="checkbox"/> S.P.O.R.T. Gymnastics Competitive Team

Class: _____

Day/Time: _____

Today's Date ____/____/____

Participant's Name: _____ Birth Date: _____

Participant's Name: _____ Birth Date: _____

Participant's Name: _____ Birth Date: _____

Parent's Name: _____ Email: _____

Street Address: _____ State: _____ Zip Code: _____

Cell Phone: _____ Workplace: _____

Parent's Name: _____ Email: _____

Street Address: _____ State: _____ Zip Code: _____

Cell Phone: _____ Workplace: _____

Total household monthly income: _____ (Please include the last 2 pay stubs and/or copy of current tax forms if you are self employed.)

Total monthly child support/state/federal support/other: _____

Briefly explain your financial situation and your need for this assistance.

Please indicate what amount of your child's tuition you are able to pay per month.

Monthly Payment:

Signature: _____ Date: _____

Thank you for filling out this tuition assistance application. The information you are providing is confidential and will only be reviewed by the board of directors and scholarship committee. If anything changes, please let us know.