

Application for Tuition Assistance Summer Adventures at Proctors

Proctors is committed to making our programs accessible to everyone, regardless of age, race or financial ability. Limited scholarships to assist with tuition are awarded based on individual need. Please fill out and return this form. The information will be reviewed and kept confidential. Tuition assistance decisions will be made at least one month prior to the program for which you are applying and information will be mailed to the address provided.

Name of Summer Program you plan on attending: _____

Participant First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Parent/Guardians (Please list each parent or guardian who is fiscally responsible for the participant)

First Name: _____ Last Name: _____

Relationship: Mother Father other _____

Job title: _____ Employer _____ Years w/ Employer _____

First Name: _____ Last Name: _____

Relationship: Mother Father other _____

Job title: _____ Employer _____ Years w/ Employer _____

Finacial Information

Parent/Guardian 1

2007 Actual

2008 Estimated

Wages, Salaries, Tips _____

Interest, Dividends, Refunds, Credits, ect. _____

Bussiness Income (loss), Capital Gain (loss) _____

Alimony, Social Security, Unemployment, ect. _____

Any Other Income _____

Parent/Guardian 2

Wages, Salaries, Tips _____

Interest, Dividends, Refunds, Credits, ect. _____

Bussiness Income (loss), Capital Gain (loss) _____

Alimony, Social Security, Unemployment, ect. _____

Any Other Income _____

Total _____

Please list all dependents, including the applicant

Name	Age	Grade	School	Yearly Tuition	Scholarship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please describe the reason for request including additional explanations or circumstances you would like the committee to consider: _____

Return this form to:

Summer Adventures
Proctors
432 State Street
Schenectady, NY 12305

For more information contact:

Jessica Gelarden
Education Program Manager
(518) 382-3884 x150
jgelarden@proctors.org

