



3590 W. 18th Ave • Eugene, Oregon 97402 • 541-686-1223 • Fax 541-687-1493

TUITION ASSISTANCE APPLICATION

Date _____ School Year _____

Student Name _____

Parent Name _____

Mailing address _____

Phone _____ Email _____

Financial Information

All financial information disclosed will be held confidentially and used only to assess family need.

Current Household Annual Income : _____

Number of people in household: _____

Number of students in household: _____

Based on our current situation, we can pay \$ _____ per month toward our child's education at Wellsprings.

In addition to financial contributions, I/we could contribute _____ hours of volunteer time per month toward tuition assistance.

The above information provided is accurate and true to the best of my knowledge. I understand that Wellsprings Friends School will do everything they can to provide tuition for all students who are interested in attending.

Parent Signature

Date