



Tuition Relief Form

Please remember: The Spark is a non-profit entity and can only award financial support as funds are available.

Student Name: _____ DOB: _____

Tuition relief is being requested for: _____

How much can be contributed to the cost? _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ email address: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ email address: _____

Annual Income(s) of paying parent(s): _____

Total number of children depending on paying parent(s): _____



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Verification of Eligibility:

Income Level Plus Family Members (please provide at least one of the following)

- Most recent 1040 income tax return not over a year old (one page only)
- Official Letter of qualification for the free and reduced school lunch program.
- Current SSI or SSDI letter not over a year old (which states monthly income)
- Medicaid or CHP Card
- Boulder Housing Partners lease form
- Other Proof of annual income plus family members. (two pay stubs, birth certificates of children not reported in 1040 form)

If you can not provide any of the above list please explain why you feel you qualify for assistance due to hardship circumstances and need exceptions for tuition relief. (state the financial need that makes it impossible for you to pay the entire fee) Please attach additional letter.

OATH of APPLICANT

I declare under penalty of perjury in the second degree that this application and attachments are true, correct and complete to the best of my knowledge.

Signature _____ Date: _____