

ANCHOR CENTER TUITION ASSISTANCE APPLICATION

2022-2023 School Year

Please complete top half of form to be considered for financial assistance/reduced tuition. The amount of support a family receives depends on family size and income. Upon approval, the **Subsidized Tuition Agreement** will be signed and kept on file. Please inform Anchor Center if your family or financial circumstances change after you apply.

Child's Name:	Date of Birth:	
• Tuition assistance requested for:		
Annual household income:	per year or request beyond household income:	
Please include income verification for each particle to <u>calbers@anchorcenter.org</u> , mailed or dropper to <u>calbers.org</u> , mailed or <u></u>	arent/guardian when submitting application. Applications can be en ped off at Anchor Center.	mailed
paystubs for the month), wage statement, tax	ck stubs for one month (if paid more than once a month, inc x return or other work documents for each parent/guardian's inc contact Courtney Albers at 303-377-9732 ext. 133.	
	DIZED TUITION AGREEMENT completed by Anchor Center Personnel)	
	n has been adjusted to: \$per month based on the 202 med family circumstances.	in the 22-2023
Payments will be invoiced monthly, beginning	g onthroughfor a total of months.	
Additional Notes.		
PARENT/GUARDIAN AGREEMENT:		
I/we agree to pay tuition to Anchor Center for	or Blind Children as indicated above.	
Parent/Guardian Name(s):		
Parent/Guardian Signature(s):	Date:	
Anchor Center Staff Signature:	Date:	