

*SANTA FE WALDORF SCHOOL*  
**TUITION ASSISTANCE APPLICATION**

I mailed the original of my completed Parents' Financial Statement to School & Student Services on (date)

\_\_\_\_\_

I have enclosed a check for \_\_\_\_\_ in payment of the non-refundable Tuition Assistance application fee of \$50 per family.

CHILD #1 NAME \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

CHILD #2 NAME \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

CHILD #3 NAME \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

**PERSON(S) RESPONSIBLE FOR PAYMENT OF TUITION:**

*If financial responsibility will be shared by two or more individuals not residing in the same household, each individual must submit a complete application for tuition assistance to School & Student Services and to the Santa Fe Waldorf School.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address(es) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address(es) \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

ALL QUESTIONS MUST BE ANSWERED or your application will be returned to you for completion, which will delay the process.

1) Why would you like your child to attend the Santa Fe Waldorf School?

2) Briefly explain why you are applying for Tuition Assistance.

3) How much per month, per child, are you able to pay for tuition? Do not leave blank.

Child's Name \_\_\_\_\_ Amount per month I am able to pay \_\_\_\_\_

Child's Name \_\_\_\_\_ Amount per month I am able to pay \_\_\_\_\_

Child's Name \_\_\_\_\_ Amount per month I am able to pay \_\_\_\_\_

4) Please provide below any additional information which you feel will assist the SFWS Tuition Assistance Counselor in considering your application.

\*\*\*\*\*

I understand that information supplied as part of this application will be held in strict confidence. I agree to notify the Santa Fe Waldorf School within 30 days of any change in my financial status that might affect my eligibility for Tuition Assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Santa Fe Waldorf School does not discriminate on the basis of race, religion, color, gender, sexual orientation or national origin in its admissions, tuition assistance, and educational policies.*