



The Institute for Effective Education

creating, providing, and evaluating effective learning environments

APPLICATION FOR TUITION ASSISTANCE

Student's Name: _____ M F
Last First Middle Init Nickname/preferred name

Home Address: _____ Telephone: () _____
Street City Zip

School of attendance: Children's Workshop COOK Education Center Urban Skills Center

Mt. Helix Academy Grade K - 5 Mt. Helix Academy Grade 6 - 8 Mt. Helix Academy AIM HIGH

TO THE APPLICANT: The Board of Directors of the Institute for Effective Education (TIEE) supports a Tuition Assistance Fund for students whose families demonstrate a financial need. Assistance to an individual student is limited in any one school year and depends on the documentation of financial need through the answers to questions on this application, including submitting the most recent Federal Income Tax Return(s) for all individuals contributing financially to the household. A schedule of deadlines and other information is posted on MtHelixAcademy.org and TIEE.org.

Mother's Name: _____ Email address: _____
Last First Middle Init

Home Address: _____ Home phone: () _____
Only if different Street City Zip

Employer: _____ Occupation _____ SS# - - -

Father's Name: _____ Email address: _____
Last First Middle Init

Home Address: _____ Home phone: () _____
Only if different Street City Zip

Employer: _____ Occupation _____ SS# - - -

Mother's Gross Monthly Income: \$ _____ Other monthly income that supports the household: _____

Father's Gross Monthly Income: \$ _____

Identify other funds that might be applied to the student's education, including child support, legacies, gifts, trust funds, insurance, and/or aid from relatives, friends, and organizations.

List all bank accounts

Bank	Street Address	City	Zip	Balance

List real property owned and estimated value:

Street Address	City	State	Zip	Value

List all automobiles and recreational vehicles you own or lease:

Make	Model	Year

Both pages of this application must be completed.

List all dependents:

Name	Age	Relationship
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List all monthly financial commitments:

Creditor	Account #	Monthly Payment	Total Debt
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Identify someone who is familiar with your financial status

Name	Relationship	Telephone #
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TIEE welcomes any statement you care to make that may assist in determining the amount of tuition assistance that is granted. You may use an extra sheet if necessary.

Read carefully before signing.
 The information provided on this form is true and complete. It is acknowledged that tuition assistance, if approved, will be credited to the student's account on a monthly basis.

Mother's signature: _____ Date: _____

Father's signature: _____ Date: _____

This application will not be processed unless and until TIEE's Business Office has received a copy of the most recent Federal Income Tax Return(s) for all individuals who contribute financially to the household. Mail to Business Office/Financial Aid, TIEE, 2255 Camino Del Rio South, San Diego, CA 92108 or FAX (619) 233-8409.

Both pages of this application must be completed.