TUITION ASSISTANCE

Cordoba Academy



0_0	N #1: APPLI	CANT INFORMA	IIION										
Last Nam	ne			First				M.I.		Date			
Street Address							Phone	ne Number					
City		State			Z			ZIP					
Email							Gross Month	nly Incor	ne				
Are you a citizen of the United States?			YES	NO 🗆	If no, are you authorized to work in the U.S.? YES				ES 🗌	NO			
Are you self-employed?			YES 🗌	NO 🗆	If yes, what is the nature of your employment?								
Total nur	nber of depender					pendents to attend Cordoba Academy							
				<u>Stude</u>	nts to att	<u>end</u>							
Last Nam	Last Name				First						M.I.		
Last Nam	ne				First							M.I.	
Last Nam	ne				First							M.I.	
Last Name					First							M.I.	
Last Name					First							M.I.	
		you own or are b	uying that	can be so	old, tradeo	d, or c	onverted int	o cash	or mor	ney he	ld by o	thers.	A
• Cash •	Checking acco	unts • Savings ac • Bonds • Retire	erty such counts • C	as furnitu ollege fur	re, or clot nds • Trus	thing. ts • IR	Examples of A / 401k • H	resoui Iomes,	rces are	e: or Buil	dings •	CDs •	A
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SECTION #3: N	ONTHLY EXPENSES	5							
Note: Verification t	for all expenses will be re	quested.							
Rent:	Mortgage: \$	Space Rent:	Home Insurance:	Property Taxes: \$	Total Utilities:				
What utilities does your household pay for <u>separately</u> from rent or mortgage? ☐ Heat (Gas/Electric/Solar) ☐ Electricity (Not Heat) ☐ Water ☐ Home/Cell Phone/Internet ☐ Sewage ☐ Garbage									
☐ Yes ☐ No If ye	es, who:	ed housing, helps me pay What expense:	Am	ount they pay: \$					
	w Income Home Energy A are supposed to pay (che	Assistance Act (LIHEAA) pack all that apply):	ayment in the past 12 mo	nths. I, my spouse, or s	someone in my				
☐ Child or Depend	dent Care: \$								
☐ Medical Bills for	persons with disabilities	or over the age of 60: \$_							
SECTION #4: AUTHORIZED REPRESENTATIVE									
An Authorized Representative is someone you allow DSHS to talk with about your benefits. You can name someone, but you do not have to.									
Do you have an Authorized Representative? Yes No									
Is this person your legal guardian? Yes No									
(You may need to complete the Authorized Representative form)									
Last Name		First		Relationship					
Street Address				Phone Number					
SECTION #5: D	DISCLAIMER AND S	IGNATURE							
I certify that my ar	swers are true and comp	olete to the best of my kno	wledge.						
I understand I must:									
Give correct information and follow reporting requirements.									
Provide proof I am eligible.									
 Cooperate with tuition assistance requirements. If I don't do these things, I may be denied tuition assistance and/or have to pay them back. I understand I can be criminally prosecuted if I willfully make a false statement or fail to report something I should report. I authorize Cordoba Academy to contact other persons or agencies when necessary to help get proof that I am eligible 									
Signature: Date:									
Rep. Signature:				Date:					