

**“TAP”**  
**Tuition Assistance Program Application**



Please fill out this form as completely as possible. You will be notified as soon as a decision has been made as to how much aid you will receive. The amount of aid depends on the number of applicants and the amount of funds available.

Family Name: \_\_\_\_\_

Name of Children: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Annual Family Income: \_\_\_\_\_

Best Number to Reach You and Name: \_\_\_\_\_ / \_\_\_\_\_

**\*\*Please return to the School Principal\*\***

----- *Office Use Only* -----

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_