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**Family Workshop Reduced Tuition Scholarship Application**

The cost of the Family Workshop is $400 per parent. There is no fee for children to attend. Payment plans are available. There are a limited number of scholarships available for each Family Workshop to reduce tuition. Please complete this application and submit all required documents at least two weeks prior to the start of the Workshop.

Name: Date: Workshop Location:

Phone: Email Address:

**I am requesting consideration for reduced tuition because I receive/have the following: (check all that apply and submit copies of government letters for public assistance or court approved fee waiver)**

 Public Assistance: TANF/CalWORKS  Public Assistance: Food Stamps

 Public Assistance: General Relief/Assistance  SSI/SSP

 A court approved fee waiver  I do not receive any of these

**I do not have an approved court fee waiver, I do not receive any of the above assistance and I am requesting consideration for a reduced tuition scholarship. My monthly INCOME is provided below and I will submit my 2 most recent pay check stubs or most recent W2 form with this application.**

|  |  |
| --- | --- |
| My monthly income (from sources other than child support or spousal support) | $ |
| The amount of additional financial assistance from others I receive to meet my monthly expenses | $ |
| I receive child support. Please list amount. | $ |
| I receive spousal support. Please list amount. | $ |
| The number of people who depend solely on my income for support (including myself) is:  |  |

**My monthly EXPENSES include:**

|  |  |
| --- | --- |
| Rent or Mortgage | $ |
| Utilities (SDG&E, water, phone/cell phone, internet/cable) | $ |
| Food | $ |
| Transportation (such as: monthly car payment, gas, bus pass, etc.) | $ |
| Child support | $ |
| Spousal support | $ |

**Please provide any additional information you would like us to consider.**

***By signing below, I declare under penalty of perjury and the laws of the State of CA that the information above and attached documents are true and correct.*** ***I will pay my deposit after my Application is approved.***

Print Name Signature Date

**Please submit your application and documents to** **info@kidsturnsd.org** **or fax 858-521-0565**