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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 Reduced Tuition Scholarships available for each Family Workshop. Please complete and submit this application at least two weeks prior to the start of the Workshop.

Name: Date: Workshop Month/Year:

Phone: Email Address:

**I am requesting consideration for reduced tuition because I receive/have the following: (check all that apply)**

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

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

 A court approved fee waiver (attach a copy to this application)  I do not receive any of these

**My monthly INCOME is provided below. If my expenses are higher than my income, I included a comment in the box below. I agree to submit paycheck stubs upon request.**

|  |  |
| --- | --- |
| My monthly income (from sources other than child support or spousal support) | $ |
| Additional financial assistance from others that help me 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 is true and correct.*** ***I have paid my program deposit of \_\_\_$50 or \_\_\_$100 (check amount of deposit).***

Print Name Signature Date

**Please submit your application and Court Fee Waiver (if applicable) to** [**vickiy@kidsturnsd.org**](file:///\\192.168.1.157\KTSD%20Files\Client%20Services%20Outreach%20Specialist\Important%20Docs\FR%20forms\vickiy@kidsturnsd.org%20) **or fax 858-521-0565**