

Pacific Primary School  
1500 Grove Street  
San Francisco, CA 94117

Tuition Assistance Application

**Due by February 15, 2009 for September 2009 Admission**

This application for tuition assistance must be accompanied by each parent's last pay stub and each parent's 2008 tax return & W2 / 1099.

1. Child's name \_\_\_\_\_
2. Child's home address \_\_\_\_\_
3. Child's birth date \_\_\_\_\_
4. Child lives with \_\_\_\_\_
5. Parent's name \_\_\_\_\_ Phone (day) \_\_\_\_\_  
Parent's home address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Amount of tuition aid received for siblings \_\_\_\_\_  
Employed by \_\_\_\_\_  
Monthly gross salary \_\_\_\_\_  
Other monthly income and source (including child support, spousal support,  
disability payments, etc.) \_\_\_\_\_  
\_\_\_\_\_
6. Parent's name \_\_\_\_\_ Phone (day) \_\_\_\_\_  
Parent's home address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Monthly gross salary \_\_\_\_\_  
Other monthly income and source (including child support, spousal support,  
disability payments, etc.) \_\_\_\_\_  
\_\_\_\_\_
7. List all dependents (persons receiving your financial support)  
Names \_\_\_\_\_

Ages \_\_\_\_\_

Living with you? \_\_\_\_\_

Attending which school(s)? \_\_\_\_\_

Amount of tuition \_\_\_\_\_

8. Monthly rent \_\_\_\_\_

Monthly mortgage payment \_\_\_\_\_

9. Monthly health and dental insurance premiums \_\_\_\_\_

Monthly medical and dental expenses not covered by insurance \_\_\_\_\_

10. Make and year of family car(s) owned or leased \_\_\_\_\_

11. Unusual family expenses, per month \_\_\_\_\_

12. Balance of savings account \_\_\_\_\_

13. Value of investments \_\_\_\_\_

14. Value of real estate \_\_\_\_\_

15. Life insurance policy(s) face amount(s) and cash value \_\_\_\_\_

16. Child applicant's own assets (including inheritances, savings, real estate, trust funds, stocks, bonds, cash value of annuities or educational insurance policies and social security received)

17. Because this worksheet is designed to be a summary of a family's financial situation, it may be necessary for families to provide additional information as requested by the Director of the school.

18. Monthly amount of tuition you can pay \_\_\_\_\_

19. Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

20. Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_