



1814 Cherry Drive
 PO Box 1030
 Lanett, Alabama 36863
 334-644-2191 Office
 334-644-2194 Fax
 www.springwoodschool.com

Application for Tuition Supplement

Name of Student: _____

Date of Birth: _____ Age: _____ Current Grade Level: _____

Home Address: _____

_____ Telephone: _____

Father's Name: _____

Address if other than student's: _____

Father's Telephone: Home _____ Work _____ Cell _____

Mother's Name: _____

Address if other than student's: _____

Mother's Telephone: Home _____ Work _____ Cell _____

Other Dependent Children:

Name of Child	Grade	School or College	Tuition Amt. Pd. by Parent	Amount of Aid Rec. by Parent

Please list other dependents, if any. In the case of dependents living outside your home, please indicate approximate amount of financial assistance rendered each year.

Aside from your family obligations, do you have any commitments which should be considered in order to obtain a fair estimate of your financial situation (mortgage payments, for example)? If so, please give details.

Father's Firm or Employer: _____

Business Address: _____

Mother's Firm or Employer: _____

Business Address: _____

Please give the following amounts BEFORE deductions for taxes, social security, etc.:

Father's annual earned income _____

Additional annual income _____

Mother's annual earned income _____

Additional annual income _____

Are there any other funds that might be applied to the candidate's education, such as legacies, gifts, trust funds, educational insurance, aid from relatives, friends, or organizations? Please give details. _____

If parents are divorced, please answer the following:

With whom does/do the child/children live? _____

Please indicate whether joint custody or, if not, which parent has custody? _____

Amount of child support received _____

