



Application for Tuition Assistance

Student Name _____ **Session** _____

Class(es) enrolling in for session: _____ **Day/Time** _____

Total Class Fees (w/o tuition assistance) \$ _____ **Insurance Due? Y N**

The AcroSports Tuition Assistance program follows the financial guidelines established by the City of San Francisco's Community Development Block Grant program, PG&E Financial Assistance and Universal Lifeline. Assistance is available on a sliding scale according to a combined average of these guidelines.

Please indicate on the table below your Family Size and Total Household Income:

Income Level	Family Size						
	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Level 1 Max income:	\$ 21,300	\$ 24,717	\$ 29,000	\$ 33,100	\$ 37,233	\$ 41,433	\$ 45,450
Level 2 Max income:	\$ 37,233	\$ 42,383	\$ 47,533	\$ 52,683	\$ 57,833	\$ 62,983	\$ 68,133
Level 3 Max income:	\$ 56,033	\$ 61,183	\$66,333	\$ 71,483	\$ 76,633	\$ 81,783	\$ 86,933

Please provide one of the following forms of documentation as verification of income:

- First page of most recent tax return (**preferred**) • SSI determination letter
- Current Medi-Cal card • Any additional information you may wish to include that will help verify your family's current income.
- GA Statement of Benefits

PLEASE NOTE payroll check stubs or W-2s are NOT accepted documentation

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand that completing the application process does not guarantee entitlement to tuition assistance for my family, and that the amount of assistance awarded is at the discretion of AcroSports.

Parent Name _____ **Phone #** _____

Signature: _____ **Date** _____

<input type="checkbox"/> \$25 Deposit Rec'd	% Awarded: _____	Bal. Due: \$ _____	Date Notified: _____ DATE DUE: _____
Date Rec'd _____	Total \$ Amt: _____	+ Ins. Due: \$ _____	
		=TOTAL DUE:\$ _____	