

## LEAP Tuition Assistance Application



To apply for tuition assistance, please complete the following application and email it to [leap@thesanmarcospromise.org](mailto:leap@thesanmarcospromise.org).

Two tuition assistance applications will be awarded per class once the class has met the minimum enrollment.

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### PARENT / STUDENT INFORMATION

Please indicate the name and dates of the class your child would like to enroll in.

Class Option 1: \_\_\_\_\_ Class Option 2: \_\_\_\_\_

Student Name: \_\_\_\_\_ School Site: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

1. Reason for scholarship request:

- Financial hardship
- Family circumstances
- Other (please specify): \_\_\_\_\_

2. Provide a brief (500 words max) statement indicating why you would like to be awarded Tuition Assistance.

***Once the tuition assistance is awarded, parent/guardian will be emailed a discount code to complete LEAP online registration. Parent/Guardian will also be required to pay class material fees with a debit or credit card at the time registration is completed.***

My signature below confirms that all information provided is true and accurate to the best of my knowledge

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All information is confidential and must be provided.**

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### OFFICE USE ONLY:

DATE REVIEWED: \_\_\_\_\_ ADMIN APPROVAL INITIALS: \_\_\_\_\_ FAMILY NOTIFIED? \_\_\_\_\_  
DOES FAMILY ACCEPT? \_\_\_\_\_ DATE/INITIALS: \_\_\_\_\_ / \_\_\_\_\_ AMOUNT AWARDED: \$ \_\_\_\_\_