



# Tuition Assistance Application

**Full-Time Tuition:** \$18,850

**Part-Time Tuition:** \$15,120

**Amount of tuition assistance being requested:** \$ \_\_\_\_\_

## FAMILY INFORMATION:

Child's Full Name: \_\_\_\_\_  
Last Name, First Name Middle Name

2024-2025 Grade: \_\_\_\_\_ Previous LMA Student: YES NO

2024-2025 Status: Full-Time Part-Time

Student's Parents:  Are Married  Are Separated  Are Divorced  Other

## Parent/Guardian #1:

(If married and filing taxes jointly, complete this section together.)

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Number of Years with Employer: \_\_\_\_\_

**Parent/Guardian #2:**

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Number of Years with Employer: \_\_\_\_\_

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**Financial Information - Parent/Guardian #1:**

(If married and filing taxes jointly, complete this section together.)

**We require that you submit copies of your most recent tax forms to determine family financial need. Please remove/cross out any social security (SSN) or account numbers.**

**EXPLANATIONS:**

Report any special circumstances that you wish to have considered. If a parent is presently unemployed and/or income will decrease in the current year give *specific* amounts expected in the current year. Include additional information that may be helpful in determining your financial need. If needed, you may attach an additional sheet.

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**Financial Information - Parent/Guardian #2:**

(This section must be completed by parent/guardian #2 if their financial information is not included in the previous section.)

We require that you submit copies of your most recent tax forms to determine family financial need. Please remove/cross out any social security (SSN) or account numbers.

**EXPLANATIONS:**

Report any special circumstances that you wish to have considered. If a parent is presently unemployed and/or income will decrease in the current year give *specific* amounts expected in the current year. Include additional information that may be helpful in determining your financial need. If needed, you may attach an additional sheet.

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**PARENT CERTIFICATION AND AUTHORIZATION:**

I / We declare the information in this application to be, to the best of our knowledge and belief, true, correct, and complete.

Signature of Parent/Guardian #1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian #2: \_\_\_\_\_

Date: \_\_\_\_\_



