



匹兹堡中文学校  
Pittsburgh Chinese School

**Application for Tuition Assistance for School Year Sept 20\_\_ - June 20\_\_**

In order for PCS board to consider this application, all sections must be completed. If a particular line or section is not applicable, please write N/A or 0. All of the information included on this application and all forms submitted are for the use of the PCS Board ONLY and will be treated in the strictest confidence. We attach the highest priority to assuring the privacy and dignity of our parents.

AS LIMITED FUNDS ARE AVAILABLE FOR TUITION ASSISTANCE, PRIORITY WILL BE GIVEN TO THOSE APPLICATIONS PROMPTLY SUBMITTED. WE RESERVE THE RIGHT TO REJECT LATE APPLICATIONS.

PCS welcomes any comments or additional information you would like to considered.

Please make sure that you have included the following documentation with this application and sent the application package to Principal of PCS by **May 31, 20\_\_**.

- Copy of your most recent Federal Tax Return (Form 1040).
- Copy of all business returns, if applicable.
- Copy of latest three month pay-stub for both husband and wife, where applicable.

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Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**I. FAMILY DATA:**

MARRIED ( ) Divorced ( ) Separated ( ) Widowed ( )

Total # of **children** in Household: \_\_\_\_\_

Children to be enrolled at our school:

Name: \_\_\_\_\_ Grade (Class code): \_\_\_\_\_

Name: \_\_\_\_\_ Grade (Class code): \_\_\_\_\_

Name: \_\_\_\_\_ Grade (Class code): \_\_\_\_\_

**Husband:** Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Do you work ( ) Full Time ? ( ) Part Time? \_\_\_\_\_Hours per week

Do you have a secondary position? \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_

**Wife:** Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Do you work ( ) Full Time ? ( ) Part Time? \_\_\_\_\_Hours per week

Do you have a secondary position? \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_

## II. INCOME

List all income on an annual basis, whether or not such income is taxable or appears on your tax return.

	Last Year	Anticipated
Husband's Gross Earnings		
Wife's Gross Earnings		
Interest & Dividends		
Rental Income Gross		
Net		
Gain on Sale of Investments		
Other Income		
<b>Total</b>		

## III. EXPENSES

	YES/NO	Annual \$\$\$
Car Expense		
House Expense		
Living Expense		
Do you pay for your own medical insurance?		
Any unreimbursed medical expenses		
Other significant annual expense		
<b>Total</b>		

**Please indicate any additional information you feel may be relevant (if you require more room, please attach an additional sheet of paper.)**

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I agree that if there is any change in the information contained herein (increase in income, spouse becoming gainfully employed, etc) that I will notify the PCS. As a result of said change, or if the committee becomes aware of some material discrepancy between the information submitted herein and the facts, the committee may revoke all or part of this grant at their discretion and I agree that they may add that amount to my tuition obligation.

The information contained herein is correct to the best of our knowledge and belief. We understand that PCS reserves the right to request more paperwork in the future if deemed necessary.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICIAL USE ONLY:**

Date application received \_\_\_\_\_

Date application returned for additional information \_\_\_\_\_

Date application received complete \_\_\_\_\_

Review result \_\_\_\_\_