

**PROJECT D.E.E.P. (DORCHESTER EDUCATIONAL ENRICHMENT PROGRAM)  
EXAMINATION PREPARATION PROGRAM**

**2009 FINANCIAL AID FORM**

The standard rate of tuition for all Project D.E.E.P. students is \$80 for **one** class and \$140 for **two** classes. Financial aid is available for those who qualify, at a reduced rate of \$25 for **one** class and \$40 for **two** classes. The aid will be given out according to a very strict, uniform policy for all children. Please fill out the following form and return it to the Project D.E.E.P. office with any required documentation as soon as possible. Your request for aid will then be reviewed by the Project D.E.E.P. staff.

All financial aid forms and payments **must** be received by **Monday, September 7, 2009**. Any families who fail to meet this deadline will be charged the **full** rate of tuition, or their children may be withdrawn from the program.

STUDENT NAME: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

FULL MAILING ADDRESS: \_\_\_\_\_

SCHOOL ENTERING THIS FALL: \_\_\_\_\_ GRADE ENTERING THIS FALL: \_\_\_\_\_

HOW MANY PROJECT D.E.E.P. EXAM PREP CLASSES IS THE STUDENT REGISTERED IN? <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**PLEASE INITIAL THE FOLLOWING SECTIONS:**

\_\_\_\_\_ I understand that I must pay the reduced rate of tuition while my financial aid request is being reviewed. I understand that if my request is denied, I must either pay the full tuition or withdraw my child from the program.

\_\_\_\_\_ I acknowledge that my child receives free or reduced lunch from school.  
*OR*

I acknowledge that my child attends a school that does not offer free or reduced lunch, however my child's school has awarded me with financial assistance equal to at least sixty percent (60%) of the school tuition.

\_\_\_\_\_ If my child receives free or reduced lunch, I will provide Project D.E.E.P. with a copy of the determination letter affirming free or reduced lunch status for my child.  
*OR*

If my child attends a school that does not offer free or reduced lunch, however my child's school has awarded me with financial assistance equal to at least sixty percent (60%) of the school tuition, then I will provide Project D.E.E.P. with a copy of the financial aid letter from the school.

\_\_\_\_\_ I understand that the criteria listed above – free or reduced lunch *OR* a current financial aid package equal to or greater than sixty percent (60%) of the school tuition – do not represent the sole basis for my eligibility for aid, and that this eligibility will not be determined until Project D.E.E.P. staff review my request.

**PLEASE SIGN BELOW:**

By signing below, you will authorize Project D.E.E.P. to contact your child's school to confirm your child's free or reduced lunch status and/or your financial aid status. By doing so, you are also authorizing your child's school to disclose any pertinent financial aid information to the staff of Project D.E.E.P.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_