

Project D.E.E.P.
Examination Preparation Program
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 17. Any families who fail to meet this deadline will be charged the full rate of tuition, or their children may be withdrawn from the program.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'S NAME: _____

ADDRESS: _____ ZIP CODE: _____

SCHOOL (11-12): _____ GRADE: _____

HOW MANY D.E.E.P. CLASSES IS THE STUDENT REGISTERED IN? 1 2
Circle one

PLEASE INITIAL THE FOLLOWING:

_____ I understand that I must pay the reduced rate of tuition while my financial aid request is being reviewed. I understand that if this request is denied then 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, if my child attends a school that does not offer free or reduced lunch, that my child's school has awarded me with financial assistance equal to at least 60 percent of the school tuition.

_____ If my child receives free or reduced lunch then I will provide Project D.E.E.P. with a copy of the determination letter affirming my child's free or reduced lunch status. OR, if my child's school has awarded me with financial assistance equal to at least 60 percent 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 aid package equal to or greater than 60 percent of the school tuition) do not represent the only basis for my eligibility for aid, and that this eligibility will not be determined until the D.E.E.P. staff has reviewed my request.

PLEASE SIGN BELOW. By doing so you will authorize Project D.E.E.P. to contact your child's school to confirm your child's free or reduced lunch status 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: _____