

## **TUITION ASSISTANCE APPLICATION SY2020-2021**

Northern Lights School strives to provide a Waldorf-inspired education to families who have a strong desire to attend, but are constrained by financial resources. We strive for a diverse community and welcome all families.

Our tuition assistance program is need-based and generous. Please attach a copy of your federal tax return for the most recent year, (and which is the tax year that is adjacent to the year prior to the enrolled school year), to this application along with your enrollment application. If you have not filed a federal tax return, please provide a copy of the applicant parent or your student's Medicaid insurance identification card.

Address:	Date
Phone (Primary):	Phone (secondary):
Email:	
Student's Name:	Birth Date:
Please describe your family compositi	ion and number of dependents, including names and birthdays.
(This information is also located on yo	our federal tax return):
1	
2	
3	
4	
6	
Please list all of your family's sources	s of income for the tax year:
Application approved by:	Date:
(President or Treasurer, Board of Trus	

Northern Lights School PO Box 228, Saranac Lake, NY 12983
Telephone: 518-891-3206\*Email: <a href="mailto:info@northernlightsschool.org">info@northernlightsschool.org</a>
www.northernlightsschool.org