

American Youth Academy  
5905 E. 130<sup>th</sup> Ave., Tampa, FL 33617 – Tel.: 813-987-9282 Fax: 813-987-9262

**Tuition Assistance Application 2018 – 2019**

Parent/Guardian Name: \_\_\_\_\_

Number of People in the Household: \_\_\_\_\_ Total Monthly Income: \$ \_\_\_\_\_  
Number of Students Enrolled at AYA: \_\_\_\_\_ Total Tuition + Fees: \$ \_\_\_\_\_ Amount able to pay: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Gr. \_\_\_\_\_ Name: \_\_\_\_\_ Gr. \_\_\_\_\_  
Name: \_\_\_\_\_ Gr. \_\_\_\_\_ Name: \_\_\_\_\_ Gr. \_\_\_\_\_  
Name: \_\_\_\_\_ Gr. \_\_\_\_\_ Name: \_\_\_\_\_ Gr. \_\_\_\_\_

| <b>Financial Assistance Screening Form (Monthly Living Expenses)</b> |    |
|--|----|
| Rent/Mortgage  | \$ |
| Utilities:   |    |
| Electricity  | \$ |
| Water  | \$ |
| Gas  | \$ |
| Cable/Dish/Internet  | \$ |
| Home Phone   | \$ |
| Cell Phones  | \$ |
| Car Payment  | \$ |
| Auto Insurance   | \$ |
| Gasoline   | \$ |
| Food   | \$ |
| Medical Expenses   | \$ |
| Other (Explain): _____   |    |

Please attach copies of: 1) Most recent Tax Return 2) 1040 form & W-2's for all Employed Members of the Family  
3) Four recent Paystubs 4) Proof of any other income from county, state or federal welfare/assistance

Terms and Conditions:

- Application will be reviewed by the Tuition Assistance Committee based on the information provided. If additional information is required, you will be requested to submit it. Additionally, they will determine eligibility and amount of assistance.
- Please note that AYA does not discriminate in the determination of Tuition Assistance on the basis of race, color, religion, gender, national or ethnic origin.
- Please note that, in order to maintain the Tuition Assistance, students must maintain at least an 80% average in their coursework and must exhibit exemplary behavior.
- Parent/Guardian is obligated to fulfill all financial responsibilities due to AYA or will NOT be granted further tuition assistance for the following school year.

Please sign below that you acknowledge all the information submitted above is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For Office Use Only***

Application: **Approved / Denied**      Amount of Assistance Awarded: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_