Philadelphia Yearly Meeting of the Religious Society of Friends Quakers

# TUITION AID PROGRAM, 2008 – 2009 ACADEMIC YEAR
# APPLICATION FORM

- Please review the **GUIDELINES AND PROCEDURES** and **APPLICATION TIMELINE** before filling out this form. If you still have questions, contact your school's financial aid office or PYM Education. The school will not be able to finalize its financial aid package without this form.
- It is the responsibility of **Parents** of Quaker children attending Friends schools to get this form completed and to the school no later than **February 15th**.

*STUDENT*

① _____ intends to enroll in Grade _____ at
*NAME OF STUDENT* (PLEASE PRINT) *GRADE*

_____ for 2008-2009.
*NAME OF PYM FRIENDS SCHOOL*

*PARENT*

② I affirm that I am the parent or legal guardian of this student and that I have been a member of the Religious Society of Friends for at least one year prior to the start of the 2008-09 school year. I have examined my family's financial situation and determined that financial support from Philadelphia Yearly Meeting will make an important difference in our ability to afford to send our child to the Friends school.

_____ _____ _____
*SIGNATURE OF PARENT OR LEGAL GUARDIAN* *DATE* *DAYTIME PHONE NUMBER*

_____ _____
*MAILING ADDRESS* *E-MAIL ADDRESS*

*MONTHLY MEETING***

③ I affirm that at least one parent or legal guardian of the applicant has been a Member of a Friends Meeting since September 1, 2007.

MONTHLY MEETING _____ AMOUNT OF GRANT * $ _____

_____ _____ _____
***SIGNATURE OF CLERK OR AUTHORIZED PERSON* *DATE* *DAYTIME PHONE NUMBER*

** If amount of Monthly Meeting grant is unknown at time of application, write TBD (for "to be determined").*
*** Signature of Monthly Meeting representative is required, even in cases where Meeting is unable to provide aid.*

*SCHOOL*

④ I affirm that I expect the student named above to enroll at our school for the 2008-2009 school year. As PYM funds are donor-restricted, I agree that they shall be in addition to, and not in place of, other tuition aid and credits for Quaker children.

_____ _____ _____
*SIGNATURE OF FINANCIAL AID OFFICER* *TITLE* *DATE*