

Teacher Info

Name: \_\_\_\_\_ Grade Taught (if applicable): \_\_\_\_\_

Address for all Correspondence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Info

School or School District: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Financial Info

BTiC Tuition will be paid by  Teacher  School OR PTSA  other

IF TEACHER, Monthly income BEFORE taxes: \$ \_\_\_\_\_ Total number of people living in household \_\_\_\_\_

Additional monthly household income (include ALL sources: alimony, Veterans/Social Security benefits, unemployment or workers' compensation, federal or state aid, etc.): \$ \_\_\_\_\_

IF TEACHER, you **MUST** attach copies of at least one financial document (tax returns, most recent pay stubs, etc.) in support of your request. You may also list any extenuating circumstances regarding your financial situation *on a separate page*.

IF SCHOOL/DISTRICT, Percentage of free/reduced lunch: \$ \_\_\_\_\_

IF OTHER, please explain: \_\_\_\_\_

My signature verifies the above statements to be true and valid to the best of my knowledge.

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

**BTiC FINANCIAL AID APPLICATIONS ARE DUE BY JUNE 9, 2017.**

★ Please remember to....

- Completely fill out and SIGN this form.
- Include your income verification (a tax return, pay stub, etc.). Processing of your application will be delayed without this information.
- Mail or E-mail to:

SCT Education Programs \* Attn: Joanna Barnebey \* 201 Thomas Street \* Seattle, WA 98109-4535

Fax to: (206) 443-0442 Or Email to: [joannab@sct.org](mailto:joannab@sct.org)

**Any further questions? Call SCT Education Programs at (206) 859-4015.**