

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

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