APPLICATION FOR PARENTING EDUCATION TUITION GRANT

Partial tuition grants are available for individuals enrolling in classes in the Parenting Education Department. Selection is based on need and funds available. All information is confidential. Applications are reviewed for eligibility by the Parenting Education Department Chair.

What you can apply for: A grant of ½ of the tuition of the class. The student pays for ½ the tuition and all lab and college fees. This payment should be attached to the application form.

Funds for tuition grants are raised through the Family Fun Day, eScrip and donations from individuals and organizations in the community.

PLEASE PRINT ALL INFORMATION

Date: ____ LBCC ID #: (if known) ________________________________

Last Name: ___________________________________ First Name: ____

Street Address: ____

(include city, state, zip code)

Daytime Phone Number _______________________________________

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Class Name: ___________________________________ Class Location: _____________________________________

CRN #: __________________________ Term: _______________________________________ Year: ________________

Total class tuition: $_________________________

Other class costs: (lab fees, insurance, associated student fee) _____________________________ Call 541-917-4897 for information

Amount Enclosed: $ _________________________

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Number of children: _________________________ Children's ages: _____________________________________

Total number of persons supported by application (**include yourself and your spouse**): ____________

Sources of support are from all family wage earners: Please identify all of the following sources of income that your family receives on a monthly basis. Please review the list before you answer so that you list each source of income only once. Specify if income is gross or net:

Part- or full-time employment (gross/net)	$ ___________________________
Savings	$ ___________________________
Veterans Benefits	$ ___________________________
Financial Aid (loans, grants, work study)	$ ___________________________
Social Security	$ ___________________________
Public Assistance and other government aid	$ ___________________________
Income from spouse	$ ___________________________
Other (please specify)	$ ___________________________

****BOTH SIDES OF FORM MUST BE COMPLETED****

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Please briefly explain your reason for requesting this grant:
(**Must be completed for application to be processed**)

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Please sign and date application (below). ***Be sure to attach/enclose any required payment***, and mail to:

Linn-Benton Community College
Attn: Parenting Education
6500 Pacific Blvd. SW
Albany, OR 97321

Applicant Signature: ____ Date: ________________________

*** This section for college use only ***

Approved: Yes No

Amount: $ ____________________

Date: ________________________

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Parenting Education Program Coordinator’s signature

Don’t delay your application!

****Be sure you have enclosed any required payment and signed your application ****

****BOTH SIDES OF FORM MUST BE COMPLETED****