



BVCP Tuition Assistance Application (Class of 2017)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Please Circle the Class/Classes You Would Like to Register For:

2 Day Week (\$216)

3 Day Week (\$287)

5 Day week (\$347)

Kindergarten (\$409)

Annual Net Household Income: \$ _____

Number of Family Members in Household: _____

Please list all family members under the age of 18:

Name

Age

Name

Age

Name

Age

Amount of monthly tuition you feel that you would be able to pay: \$ _____

Please include any additional information you would like to add to further explain your situation.

Please include a copy of your most recent W-2 form.