

BVCP Tuition Assistance Application 2019/2020 School Year

	Name:
	Address:
	Phone:
Please Circle the Class/Cla	sses You Would Like to Register For:
2-day 2's - \$225/month	3-day 2's - \$300/month 5-day 2's - \$365/month
3-day 3's - \$300/month	5-day 3's - \$365/month
3-day PreK - \$300/month	5-day PreK - \$365/month
Kindergarten - \$410/montl	h
Annual Net Household Inco	ome:
Number of Family Members	s in Household:
please list all family membe	ers under the age of 18
Name	Age
Name	Age
 Name	Age
Amount of monthly tuition y	you feel that you would be able to pay:
-	nal information you would like to add to further explain your
situation.	

Please include a copy of your most recent W2 form.