

Summer Program Application

(Due by May 20th)

Student name: _____

Parents' names: _____

Address: _____

Phone number: _____

_____ Current Student

(Fill out this application only)

_____ New student

(Fill out school application also)

PTI's summer program runs for two sessions: June 10- July 5 and July 8- August 2

Each session is from 9 a.m. to 4 p.m. After care is available for an extra fee from 4 p.m. - 6 p.m.

On the back, please indicate your enrollment preferences. **You will be notified of your acceptance status by May 31st.**

(All current students will be accepted if application received by due date.)

If you would like to be considered for a scholarship, please fill out a scholarship application in addition to this program application.

_____ I would like to be considered for a scholarship and my application is enclosed.

Enrollment preferences: **(without scholarship)**

Session 1 (June 10-July 5)	Full day (9-4) \$1250 (ages 3-15) \$1000 (ages 16+)	Weekly (List weeks) \$400/week (ages 3-15) \$325/week (ages 16+)	Daily (List days) \$80/day (ages 3-15) \$65/day (ages 16+)	Hourly (List hours and how often) \$15/hour (all ages)	After Care (4-6) \$400/month or \$15/hour (all ages)
Session 2 (Jul 8-Aug 2)	Full day (9-4) \$1250 (ages 3-15) \$1000 (ages 16+)	Weekly (List weeks) \$400/week (ages 3-15) \$325/week (ages 16+)	Daily (List days) \$80/day (ages 3-15) \$65/day (ages 16+)	Hourly (List hours and how often) \$15/hour (all ages)	After Care (4-6) \$400/month or \$15/hour (all ages)

If you have applied for a scholarship, please fill out one form indicating your preferences with a scholarship and one form indicating your preferences without a scholarship.

Notes:

Enrollment preferences: **(with scholarship)**

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If you have applied for a scholarship, please fill out one form indicating your preferences with a scholarship and one form indicating your preferences without a scholarship.

Notes:

Financial Assistance Application

Application must be filled out completely. Please print clearly.

Application must include all required paperwork listed at the bottom of this page or it will not be processed.

Last Name:	First Name:	Home Phone:
Address:		Apt. #:
City:	State:	Zip:
Email:		
Parents' Names:		

ADULTS AND DEPENDENTS IN HOUSEHOLD

Name	Relationship to student	Age	Sex	School/Employer

REQUIRED INCOME DOUMENTATION

Everyone must submit a current year Income Tax Return, Form 1040 or 1040 EZ, as filed with the IRS.

In addition, please submit all of the following that apply:

- Two consecutive pay stubs for EACH wage earner, showing gross and net income
- Section 8
- SSI or Disability Letter
- TANF
- Unemployment statement
- Food Assistance Program Letter (Food Stamps)
- Retirement
- Foster Care Subsidy Letter
- Pension
- Student Loans
- Welfare
- Any other income that pays expenses

Please detail any special circumstances that contribute to your request for financial assistance. For example: Major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

Income/Expense Worksheet

List income, assistance, and expenses for the ENTIRE household.

Income (Monthly)	Adult #1	Adult #2	Dependents	Other
Monthly Income				
Child Support (Receiving)				
Alimony (receiving)				
Aid to Dependent Children				
SSI, Retirement, Disability				
Unemployment				
Food Stamps/ Government Assistance				
Self-employment tax schedules				
Student Loan Disbursements				
Other (Please explain)				
Total Monthly Income				
Expenses (Monthly)	Adult #1	Adult #2	Dependents	Other
Rent/Mortgage				
Utilities				
Phone				
Vehicle Payment				
Vehicle Insurance				
Medical/Dental				
Tuition/ College Loans				
Child Support (paying)				
Alimony (paying)				
Childcare				
Other (gas, food, etc.)				
Total Monthly expenses				

Verification and Authorization:

I hereby verify that the information provided on this application is accurate. This includes, but is not limited to, dependents and documentation of income and expenses for all wage earners.

Signature: _____ Date: _____