



660 Lombard Street, San Francisco, CA 94133 | 415-421-6443 | telhi.org

TEL HI FINANCIAL AID APPLICATION

In addition to this application, please provide each parents' or caregiver's last three pay stubs and the most recent year's tax return(s) and W2/1099.

Child's Information			
Child's Name:			
Date of Birth:		Child Lives With:	
Current Address:			
City:		State:	ZIP Code:
Parent's Information (1)			
Parent's Name:			
Occupation:		Employer:	
Day Phone:		Evening Phone:	E-mail:
Home Address:			City:
State:	ZIP Code:	Monthly Gross Income (include overtime and tips):	
Parent's Information (2)			
Parent's Name:			
Occupation:		Employer:	
Day Phone:		Evening Phone:	E-mail:
Home Address:			City:
State:	ZIP Code:	Monthly Gross Income (include overtime and tips):	
Additional Income: Please list all other sources of income			
	Parent's Name:		Parent's Name:
Commission/Bonuses			
Unemployment			
Public Assistance, TANF			
Disability			
Child Support Received			
Alimony			
Pensions			
Union Contributions			
Worker's Compensation			



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Social Security (Not Including SSI-SSP)			
Other			
Dependents: Please list all persons receiving your financial support			
Name	Age	Is this person living with you?	Name of school they attend
1.			
2.			
3.			
4.			
5.			
Please list the monthly amount of tuition you can pay			
\$			
I affirm that the statements in this application are true to the best of my knowledge and belief. I will notify TEL HI when any changes occur in my income or eligibility status.			
Parent Signature:			Date:
Parent Signature:			Date:

Note: Because this worksheet is designed to be a summary of a family's financial situation, it may be necessary for families to provide additional information as requested by the Director of Programs or Executive Director.