

TUITION ASSISTANCE APPLICATION

COMMUNITY EDUCATION

AIM TO ACHIEVE SERIES

Red Wing Public Schools

DATE SUBMITTED _____

Name _____

Phone No. _____ H

Address _____

Phone No. _____ W

Other types of Income: Source _____ \$ _____

_____ \$ _____

_____ \$ _____

STATEMENT OF NEED: _____

Classes (please list, abbreviate)	Class Cost	Classes	Class Cost
1. _____		12. _____	
2. _____		13. _____	
3. _____		14. _____	
4. _____		15. _____	
5. _____		16. _____	
6. _____		17. _____	
7. _____		18. _____	
8. _____		19. _____	
9. _____		20. _____	
10. _____		21. _____	
11. _____		22. _____	

Signature _____ Staff/Family _____

Return to: Naomi McCord, Community Education, 2451 Eagle Ridge Drive, Red Wing, MN 55066

Questions, please call, 651-385-4523 Fax 651-385-4561

FOR OFFICE USE ONLY

Amount Requested _____

Scholarship Amount _____

Balance Due _____

Director's Signature _____ Date _____