

Name of Child:	Birth date:
Is the above person(s) financially respons	sible for the child?
Person(s) with whom correspondence reg	garding the Tuition Assistance Program should be made:
Name:	Relation to child:
Address:	
Please provide a brief description of the re	eason you are requesting tuition assistance at this time:
Please indicate the time period for assista	ance for (i.e% of tuition for months):
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The Tuition Assistance Program (TAP) is a fund which provides tuition assistance to families wishing to have their child attend Riverside Presbyterian Preschool, but who may need financial assistance to do so. The information you have provided will be reviewed and every effort will be made to assist you, provided that funding is currently available. You will receive written notification of the ability to which TAP is able to meet your request