

Gaia Democratic School - Application for Reduced Tuition School@gaiademocratic.org

This information will remain confidential and will only be shared with the Gaia Democratic School Finance Committee. Contact the committee at: Finance@GaiaDemocratic.org

Student Name/s: _____

Parent Name/s: _____

The number of students we can accept on a partial-paying basis depends on how much each family pays and the school's current financial position. Since our funding is entirely through tuition and donations, we depend on these payments to meet all of our expenses.

We are committed to making Gaia Democratic School work for your family's financial situation.

If you are requesting a reduction in tuition because of financial need, we request the following information to help determine how much reduction is needed to ensure regular and timely payments.

1. Who will be responsible for paying tuition for the student? List all responsible parties.

Please provide a copy of the **most recent tax returns** for the person(s) responsible for paying tuition as documentation of financial information. Alternately, the most recent W2s or three most recent paycheck stubs from each person(s) responsible are also accepted.

**If you are unable to provide one of the above, please contact the Finance Committee at Finance@GaiaDemocratic.org.*

5. Number of non-earning dependents in the household _____

6. Are you a Financially Independent Student? (Circle One) YES NO

Important: Please attach any documents of other sources of income, such as Social Security, TANF, Workers Compensation, Welfare, or any other information you would like considered.

Your estimate of how much you can contribute per month for tuition: \$ _____

Gaia Democratic School (GDS) admits students of any race, color, religion, gender, disability, sex, sexual orientation, gender expression, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. GDS does not discriminate on the basis of race, color, religion, gender, disability, sex, sexual orientation, gender expression, or national and ethnic origin.

OFFICE USE ONLY

Date Received: ____ / ____ / ____ Action Taken: _____ Date: _____