

Tuition Assistance Application

Deadline: September 1

Family informat	ion:		
Parent's Name(s)			
Address:			
Telephone(s):			
Primary Email:			
Application Date:			
Student(s) Infor	mation (one	line pe	er each student/class combination):
Student Name		Age	Course Enrolled

Oakland Homeschool Music, Inc. P.O. Box 300652, Waterford, MI 48330

Phone: (248) 760-7864 Email: <u>info@ohmimusic.com</u> Website: <u>www.ohmimusic.com</u>



Tuition Assistance Application - page 2

Financial Information: Parent's / Parents' Place of Employment Number in household Parents _____ Dependent Children _____ Prior Year Adjusted Gross Income Ongoing Conditions Affecting Need (i.e. disability, full support of grandparents, single parent): Catastrophic Event Affecting Need (i.e. home disaster, death or medical crisis, job loss): Service Hours Information: Have you already been assigned & accepted service opportunities this year at OHMI? _____ If so, please describe ____ Is your family willing to accept additional service opportunities commensurate with your tuition assistance, possibly accepting opportunities as they arise during the year?

Are you aware of other tuition reduction opportunities, such as Business Ad Sales and Scrip Card purchases? These programs support OHMI while also providing funds directly to your tuition account. Please see the OHMI Charms website or the Site Manager for an information packet.

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