

Lake Campus Reading Center

Request for Financial Assistance

Parent name _____

Child name _____

Address _____

City/State/Zip _____

Phone _____

Confidential statement of need _____

Amount requested:

_____ **any** _____ **tuition** _____ **1/2 tuition** _____ **full tuition**

- **Please keep in mind that we have a limited amount of money available for financial aid, and that we will do the best we can to fulfill your request.**

*** full tuition is \$250.00 per quarter.**