Sibling Subsidy Request Form

For Families Enrolled in Grades K-12
for the 2019-2020 School Year

The Bear Creek School's Board of Trustees strongly believes in the value of family and wishes to provide a sibling subsidy for all families with domestic students in grades K-12 who need tuition assistance. Please carefully consider whether or not your family needs the Sibling Subsidy. Due to the limited nature of tuition assistance dollars, please request this type of aid only if you have financial need. Currently enrolled families who hand-deliver this completed Sibling Subsidy Request Form to the Accounts Receivable Specialist by **February 4, 2019** will receive the sibling subsidy(ies) as requested.

- Current (returning) families are given priority for all forms of tuition assistance ***if*** they submit the required forms by the stated deadlines.
- **Returning families** *with application for admission pending for new siblings* should list the new sibling applicant(s) on this form.
- Please note that the tuition assistance deadline/process is separate from the returning student enrollment or new student admission deadline/process.

Family Name _____

First Child (Oldest)_____ Grade for 2019-2020_____
Although there is no sibling subsidy available for the first child in a family, all families requiring assistance for the first child's educational expenses are encouraged to apply for tuition assistance. Forms are available online.

Second Child _____ Grade for 2019-2020_____
Do you require assistance in the form of a sibling subsidy for your second child? ☐ Yes ☐ No

Third Child _____ Grade for 2019-2020_____
Do you require assistance in the form of a sibling subsidy for your third child? ☐ Yes ☐ No

Fourth Child _____ Grade for 2019-2020_____
Do you require assistance in the form of a sibling subsidy for your fourth child? ☐ Yes ☐ No

This form should be hand-delivered by currently enrolled families to the Accounts Receivable Specialist at Redmond Campus by February 4, 2019. Please read and sign the statement below.

We need and request a sibling subsidy for the children indicated above.

_____
Parent/Guardian signature **Date**

For Office Use Only:
Received By_____ Date Received_____

Revised 8/30/2018