

THE EARL WENTZ AND WILLIAM WATKINS FOUNDATION

FEE ASSESSMENT INFORMATION FORM FOR EDUCATIONAL PROGRAMS

DATE _____ NAME OF STUDENT _____

NAME OF PARENT OR RESPONSIBLE PARTY _____

ADDRESS _____

TELEPHONE NO. (Work) _____ (Home) _____

NAME OF EMPLOYER: _____

NUMBER OF ADULTS IN FAMILY _____ NUMBER OF CHILDREN IN FAMILY _____

FAMILY INCOME FROM ALL SOURCES

SPECIAL EXPENSES (ANNUAL)

GROSS SALARY: Mr. \$ _____
(Before Taxes)

Mrs. \$ _____

SOCIAL SECURITY: \$ _____

CHILD SUPPORT: \$ _____

ALIMONY: \$ _____

DIVIDENDS: \$ _____

INTEREST: \$ _____

RENTAL INCOME: \$ _____

VETERANS ADM. &
OTHER DISABILITY: \$ _____

ANNUITIES: \$ _____

OTHER SOURCES: \$ _____

TOTAL GROSS INCOME \$ _____

Unusual Non-Insured Medical \$ _____

Special Education Expenses
for Remedial or Therapeutic
Needs: _____

Regular Support of Elderly
Relatives Outside the Home: _____

Child Care (Working Parent(s): _____

Other: _____

Total Special Expenses: _____

PLEASE EXPLAIN THE CIRCUMSTANCES MOTIVATING YOUR REQUEST FOR A FEE
ADJUSTMENT (Use back of form if additional space is needed):

**PLEASE ATTACH INCOME VERIFICATION – SUCH AS TAX RETURN, PAY STUB, PROOF
OF UNEMPLOYMENT, OR TANF (FOOD STAMPS).**