

## Affordable Tutoring Program (ATP)

### Application Form

#### Parent/Guardian Information

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

State of Residence: \_\_\_\_\_

#### Student Information

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Subject(s) Needing Tutoring: \_\_\_\_\_

#### Eligibility Confirmation

☐ I confirm that my household falls within the first federal income tax bracket

☐ I agree to submit proof of income (e.g., most recent tax return, SNAP approval letter, etc.)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_