Middlebury and Southbury Region 15 BAS Program

Emergency Tuition Assistance Request

This request for assistance is for short term emergency situations that impact a family's ability to cover tuition for a child or children for a period of no more than three months. Documentation regarding the individual circumstances is appreciated (when available) and should be submitted to the Head Teacher at the child's program site or mailed directly to the Tuition Assistance Chair, c/o the Region 15 BAS Program, P.O. Box 1042, Middlebury CT 06762. The Chair will respond within 5 business days of receiving the emergency assistance request. Retain a copy for your files.

Name of Applicant (1):	Work Phone:					
Home Phone:						
Cell Phone:						
Preferred Email address:						
Name of Co-Applicant (2):	Date of Request:					
Home Phone:	Work Pho	one:				
Cell Phone:						
Preferred Email address:						
Name of School Attending:						
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Church Name (a)	(Check Al	ı	· -	· ·	Th	F
Student Name (s)		M	T	W	Th	F
Student Name (s) Child 1:	AM	ı	· -	· ·	Th	F
Child 1:	AM PM	ı	· -	· ·	Th	F
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Child 1:	AM PM AM	ı	· -	· ·	Th	F
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	Date:
	Date:
Tuition Assistance Committee ONLY	
	********************************* Tuition Assistance Committee ONLY Application Approved: Yes N Maximum approval amount:

Region 15 BAS 6_6_19