



In an effort to make Kutandara Center programs available to an ever-wider audience, we offer a tuition assistance program. Tuition assistance is available for classes, lessons and workshops at Kutandara Center each session.

Anyone interested in applying for tuition assistance will complete the enclosed application for consideration by our tuition assistance committee. All applications will be confidential.

Each session the financial assistance committee will consider available tuition assistance funds and applications submitted in order to make financial awards. Awards made will be confidential.

To apply:

1. Complete the enclosed application.
2. Mail your completed application to:  
Kutandara Center  
5401 Western Avenue, Suite B  
Boulder, Colorado 80301
3. If you have questions about the tuition assistance program, please direct your questions to:  
Tuition Assistance Committee  
Kutandara Center  
5401 Western Avenue, Suite B  
Boulder, Colorado 80301

Or email us at [info@kutandara.com](mailto:info@kutandara.com)

# Kutandara Center

## Tuition Assistance Application

Kutandara offers a Tuition Assistance Program for adults and children who are unable to cover the full costs of classes, workshops and other activities. Tuition assistance is granted primarily on the basis of financial need. Assistance will be granted to the extent that funds are available.

**All applications are confidential.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

**1) Semester in which you are applying for Tuition Assistance:**

\_\_\_ Fall (August- December) \_\_\_ Winter (January – April) \_\_\_ Summer (May- August)

**2a) Program you (or your child) are hoping to attend:** \_\_\_\_\_

**2b) Cost of program you (or your child) are hoping to attend:** \_\_\_\_\_

**3) What is the dollar amount that you are able to pay? (required) \$** \_\_\_\_\_

**4) Why are you applying for tuition assistance?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5) Family Information:** \_\_\_ # of adults in household \_\_\_ # of children in household

**6) Financial Information: What is your present household income level (including salaries, wages, unemployment social security, child support, aid to dependent children, food stamps, 401k retirement funds, alimony, other)?**

- |   |   |
|---|---|
| <input type="checkbox"/> under \$8,000        | <input type="checkbox"/> \$20,001 to \$25,000 |
| <input type="checkbox"/> \$8,001 to \$12,000  | <input type="checkbox"/> \$25,001 to \$30,000 |
| <input type="checkbox"/> \$12,001 to \$15,000 | <input type="checkbox"/> \$30,001 to \$35,000 |
| <input type="checkbox"/> \$15,001 to \$18,000 | <input type="checkbox"/> \$35,001 to \$40,000 |
| <input type="checkbox"/> \$18,001 to \$20,000 | <input type="checkbox"/> over \$40,000        |

I hereby declare that the information provided is true, accurate and complete to the best of my knowledge. I am aware that if any information I have provided is incorrect that my tuition assistance privileges may be revoked.

Signature \_\_\_\_\_ Date \_\_\_\_\_