

**WEST CHESTER MONTHLY MEETING
TUITION AID FOR FRIENDS ELEMENTARY AND SECONDARY SCHOOL
2018-2019 ACADEMIC YEAR**

Child's Name (or Children):

Grade(s) in 2018-2019:

Friends School(s) attending in 2018-2019:

Parents' name(s) mailing address, email address, and telephone number:

Release:

I give my permission for the Financial Aid Officer of _____ School(s) to release the figure representing my family's financial need for the 2018-2019 academic year (tuition minus suggested family contribution as computed by the School and Student Service for Financial Aid) to the Education Funding Committee of West Chester Monthly Meeting to aid that committee in equitably distributing the funds at their disposal. *Please submit your SSS application to your school immediately after the first of the year so that this information will be processed and available in time for use by the committee in determining your grant.*

Parents' Signature(s)

Date

Please return this completed form by February 1, 2018 to:

**WCMM Tuition Aid Committee
West Chester Monthly Meeting
425 North High St.
West Chester, PA 19380**

Important: Please check with the Meeting Secretary at least one week before the deadline to make sure this form has been received.