



Give the Gift of Learning, Confidence, & Achievement

Here to Help!

Dear Applicant,

Thank you for your interest in Momentum Tutoring financial assistance. We offer "Pay What You Can" Scholarships to individuals and families who are not able to pay full tuition for Momentum programs.

To apply for financial assistance, please bring all the following information to Momentum Headquarters: 9500 Cuyamaca Street Suite 101, Santee, CA or email to momentumtutoring@cox.net.

1. Completed financial assistance application.
2. Three most recent bank statements.
3. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

- **Please mark out all social security numbers, tax ID numbers and / or credit card numbers before submitting any paperwork.**
- **Applications must be submitted with all required documentation. Incomplete applications cannot be processed. All financial assistance is distributed on a case-by-case, first-come, first-served basis.**
- **Please do not register for these programs before you submit your financial assistance. We will register your child(ren) as we process your application.**

You will receive an email within four weeks regarding your qualification and next steps.

If approved, you will be given a set amount of money to be used in a set amount of time.

We look forward to serving you.

Sincerely,
Momentum Tutoring Customer Service Center

Email momentumtutoring@cox.net or call 619-332-8345



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Momentum strives to make our programs available to all who will benefit from them, regardless of their ability to pay. All financial assistance or “Pay What You Can” scholarships are granted on a sliding scale based on income and need. All information is kept confidential.

1. STUDENT & GUARDIAN INFORMATION

Student Name	DOB	
School	Grade	
Parent / Guardian Name	DOB	
Home Address		
City	State	Zip
Home Phone		
Email		

2. STUDENT GOALS

1
2
3
4

3. ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Adult	Employer
Parent/Adult	Employer
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Other Dependents	ages

4. HOUSEHOLD - MONTHLY INCOME



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Please fill in the boxes with all the financial resources you and you family receive on a monthly basis. Documentation must be attached or the application will be returned to you.

	Adult # 1	Adult # 2	Children	HOUSEHOLD MONTHLY INCOME TOTAL
Total Gross Wages				
Child Support				
Aid to Dependent Children				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
Other Assistance (child care subsidy, federal/ state aide, medical aid, ect.				
Total Monthly Income				
Total Annual Income (Total monthly income x 12)				

5. HOUSEHOLD - MONTHLY EXPENSES

Rent/ Mortgage	Groceries	Phone	Utilities	Car Payment	Medical	Other	Monthly Total

Monthly Total Expenses _____ X 12 = Total Annual Expenses _____



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6. HAVE YOU EVER RECEIVED MOMENTUM TUTORING FINANCIAL ASSISTANCE?

No _____ Yes _____ If yes, how much and when? _____

7. HOW MUCH ARE YOU ABLE TO PAY MONTHLY FOR TUTORING? \$ _____

8. IDEAL DAYS AND TIMES: _____

9. ADDITIONAL INFORMATION

I am seeking financial assistance for tutoring because:

Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked to include a separate letter, if necessary.

SHOULD YOU NEED TO CONTINUE ASSISTANCE THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I, or my children, must cancel my / our participation, I will contact Momentum immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Our intention is to be the catalyst for scholars to get better, every day, in every way.