



Rebuilding futures one child at a time.

TTOF Educational Assistance Worksheet

Please complete the form in its entirety. Please type, or PRINT LEGIBLY in black or blue ink.

1. Name Mr. _____ Ms. _____ Last _____ First _____ MI _____
2. SSN _____ E-mail _____ Birth Date ____ / ____ / ____
3. Parent/Legal Guardian Name _____
4. Institution you are attending _____
City / State / Zip _____
5. Student will live: In private housing In college/university housing At home with parents

6. Annual EXPENSES	AMOUNT
Tuition	\$
Required Fees	\$
Books	\$
Room & Board	\$
Additional Expenses (explain)	\$
TOTAL	\$

Known or anticipated GRANTS / SCHOLARSHIPS / LOANS / ETC.		
SOURCE	PURPOSE OF AWARD	AMOUNT
Student / Parent / Legal Guardian		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

It is my desire to obtain a higher education and lack of assistance from the TTOF causes a financial hardship. I agree that any higher education assistance given by the TTOF is to be used only for tuition, room and board, books, supplies or other legitimate higher education expenses. In the event that funds remain at the end of my education, I also agree to return it to the TTOF to be distributed to other children in need.

I certify that the above information is true and correct.

Signature of Applicant _____ Date _____