



TUITION ASSISTANCE POLICY

Project SOAR provides need based Tuition Assistance for both Project SOAR classes and also for general Community Education classes as offered through its' consortium school districts.

Guidelines:

1. Individuals must complete a Tuition Assistance Application form.
2. Individuals must live in one of the 4 School Districts supporting Project SOAR in order to qualify for Tuition Assistance. The 4 Districts are: Hopkins, Minnetonka, St. Louis Park and Wayzata School Districts.
3. Individuals must have a permanent disability that they describe/name.
4. Individuals must pay some portion of the cost of what they are registering for.
 - Individuals participating in Project SOAR classes/activities may request tuition assistance toward the total cost of their fees, up to 50% for one quarter at a time.
 - Individuals participating in general Community Education classes may request tuition assistance for a portion of the cost of one class per quarter and are expected to pay any materials fees.
5. Tuition Assistance will remain an option as long as the budget permits. When the money is gone for the year then no more assistance can be provided.
6. If individuals receiving tuition assistance for a general Community Education class, and do not complete the class or otherwise misuse the benefit of the tuition assistance, they may be denied future assistance.



TUITION ASSISTANCE APPLICATION FORM

Date: _____

Name: _____

Address: _____

City & Zip: _____

Phone number: () _____

1. Disability: _____

2. Class Number & Title for which you are requesting assistance:

3. Which catalog is the class offered? (check one)

- | | | | |
|--|---------------------------------|--|-------------------------------|
| <input type="checkbox"/> Project SOAR Catalog | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring/Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Minnetonka Comm Ed | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring/Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Hopkins Comm Ed | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring | <input type="checkbox"/> Fall |
| <input type="checkbox"/> St. Louis Park Comm Ed | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring/Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Wayzata Comm Ed | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring/Summer | <input type="checkbox"/> Fall |

3. Cost of Class: \$ _____

4. How much participant can pay: \$ _____

5. Requested Assistance from Project SOAR: \$ _____

Notes: _____

Please complete this form and drop off, mail or email it to Myra Wicklacz,
at Project SOAR.

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