



TUITION ASSISTANCE POLICY

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

Guidelines:

1. Individuals must complete a Tuition Assistance Application form.
2. Individuals must reside in one of the Project SOAR consortium School Districts (Hopkins, Minnetonka, St. Louis Park, Wayzata).
3. Individuals must have a permanent disability that they describe/name.
4. Individuals must pay some portion of the cost of the class/activity they are registering for.
 - Project SOAR classes: Tuition Assistance may be granted up to 50% toward the total cost of class fees for one quarter.
 - General Community Education: Tuition Assistance may be granted for up to 50% toward the cost of one class per quarter. THIS DOES NOT INCLUDE any materials fees required for the class.
5. If individuals receiving tuition assistance do not complete the class, do not show up to class, or otherwise misuse the benefit of the Tuition Assistance, they may be denied future assistance.
6. Tuition Assistance funds are non-transferable and can only be used for the class/activity for which assistance was issued.
7. Individuals may apply for Tuition Assistance as often as needed, but assistance may only be awarded for a maximum of two (2) classes per year/per individual, based on the availability of funds and at the discretion of Project SOAR.
8. Project SOAR allocates a limited amount of funds each year for Tuition Assistance; once funds are depleted for the year, no additional assistance will be available for that year.



**TUITION ASSISTANCE
APPLICATION FORM**

Date: _____

Applicant Name: _____

Address: _____

City & Zip: _____

Phone number: () Email: _____

MAIN CONTACT FOR QUESTIONS ABOUT THIS APPLICATION:

1. Disability: _____

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

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

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

3. Cost of Class: \$ _____

4. How much participant can pay: \$ _____

5. Requested Assistance from Project SOAR: \$ _____

Please complete this form and fax, mail or email it to:

**Mercedes Scott, Program Manager
Project SOAR
4584 Vine Hill Road
Deephaven, MN 55331
Fax: (952) 401-6805
Mercedes.scott@minnetonkaschools.org**