

# Bulgarian Cultural Center

3542 Marc Dr, Sterling Heights, MI, 48310

## APPLICATION

Student name		Parent Name	
Address	City	State	Zip Code
email	phone	cell	

List yourself and all other persons who live in the home or are temporarily absent from the home.

Full Name	Relationship to you	Date of Birth (mo/day/yr)	Gross Yearly Income: *Please provide copies of the last two months check stubs for  <b>ALL FAMILY INCOME</b>	Source of Income: Choose the one that applies W = WAGES                      D = DISABILITY P = PENSION                    WC = WORKERS' COMP CS = CHILD SUPPORT        OT = OTHER SS = SOCIAL SECURITY       U = Unemployment
	<i>Self</i>			
<b>Total In Household</b>		<b>Total GROSS Annual Income</b>		<b>If Self Employed send in Schedule C with your documentation.</b>

If you have no regular, verifiable income, please explain how you support yourself and/or your family:

**EMPLOYMENT:** List any family member that is employed or self-employed.

Name of Employed Person	Employer's Name (Phone)	Hours per Week	Wages per Hour	How often paid

Do you have a Checking or Savings Account?    YES    NO   If yes, what is your current balance?   \$ \_\_\_\_\_ Checking   \$ \_\_\_\_\_ Savings

**\*PLEASE PROVIDE A COPY OF YOUR LAST BANK STATEMENT(S) – black out the account number when sending information. IF YOU DO NOT HAVE A BANK ACCOUNT OR A CURRENT JOB, THEN A COPY OF YOUR PREVIOUS YEARS 1040 TAX FORM.**

Your request for school fee waiver may be denied if you the information required is not provided or determined to be fail. We also reserve the right to run a credit check.

Under penalties of perjury, I declare that to the best of my knowledge and belief,

**the information contains all the relevant facts relating to the request for information, and such facts are true, correct, and complete.**

Signature of the person requesting fee waiver \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Received all verifications: \_\_\_\_\_