

Tuition Adjustment Application Addendum – COVID19

Please use this form if your family is affected financially by COVID19.

Name _____

Please describe how your family has lost income due to COVID19 quarantine?

What was your monthly income prior to COVID19 quarantine? _____

What is your monthly income during COVID19 quarantine (include unemployment)? _____

Please give a brief description of how long you expect this income drop (ie: during phase 1 quarantine only, effect is semi-permanent because..., our business will take a while to build back up, etc):

Is there anything else you would like us to know?

I, _____, attest that this information is the correct to the best of my knowledge.

Signature _____ Date _____

The Tuition Adjustment Committee will contact you if any support documents are needed to verify your income change.