Tuition Assistance Application
After School Adventure
4605 Cable St. Bellingham WA. 98229
(360) 733-6840

This application is a request for financial assistance for the purposes of The Firs ASA program; Before School, After School, Early Release Days and/or All Day Adventures. Please fill out this form and return to The Firs ASA registration office, our registrar will contact you if there is assistance available, with the amount awarded.

Parent of Guardian: _____
Name(s) of Child(ren): _____ Age _____ Sex _____
_____ Age _____ Sex _____

Mailing Address _____ City _____ State ____ Zip_____
Email: _____ Phone: _____ Cell: _____

Have you received financial assistance from The Firs before? □ Yes □ No

What is the amount and duration you are requesting for? _____
What are you able to contribute each month toward tuition? _____
What other activities is your child involved in?_____
_____
_____

Please help us understand your needs and why assistance is important at this time.
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To the best of my knowledge, I believe the amount requested, due to family financial circumstances is needed for my child to participate in this program.

Parent Signature: _____ **Date:** _____