



THE YELLIN CENTER
FOR STUDENT SUCCESS

Sliding Scale Application

**Please return completed form and all mandatory supporting documents
to The Yellin Center along with a completed Contact Form.**

Date _____

Family Information

Parent/Guardian Name(s) _____ Telephone _____

Student Name _____

Address _____

List all household members

Name	Birth Date

Employment Information

Parent/Guardian Name _____

Employer _____ Telephone _____

Employer's Address _____

Position _____ Length of Employment _____ Full Time __ Part Time __

Supervisor's Name _____ Telephone _____

Parent/Guardian Name _____

Employer _____ Telephone _____

Employer's Address _____

Position _____ Length of Employment _____ Full Time __ Part Time __

Supervisor's Name _____ Telephone _____

Financial Information: Please List All Income Calculated Annually

Name of Family Member	Gross Income	Child Support/Alimony	Pension/Retirement	Other
Total				

Please submit the following information with this application:

**Most recent complete tax return
AND
Copy of last two pay stubs**

If you do not have the supporting documents or you did not file taxes last year, please submit a letter explaining your personal situation along with documentation.

All Applicants must also submit a contact form, which is available on the Yellin Center website at <http://compass.yellincenter.com/contactForm/>. You may contact us to request this form.

The adult who signs this application must provide her/his social security number.

I certify that all of the information I have provided on this form is true, accurate, and complete information to the best of my knowledge. I understand that the information provided will be used in consideration of scholarship, that the Yellin Center may verify the information provided and that the deliberate misrepresentation of any information will be grounds for the rejection of my application.

Signature of Parent/Guardian _____ Date _____

Social Security Number (if not a US resident, please write "none") _____