



# Need-based Tuition Discount Eligibility Questionnaire

Please submit the completed form to [assistance@sealang.org](mailto:assistance@sealang.org) or print and mail to: Seattle Language Academy, 126 NW Canal St., Ste 100, Seattle, WA 98107.

An SLA representative will contact you within three days of receiving your completed questionnaire.

First Name

Last Name

Mailing Address (Street, City, Zip, State)

Email Address

Phone Number

I am interested in taking the following class and alternate:

	Language	Level	Section	Days	Time
#1					
#2					

1. Your current age is:                      16-20      21-25      26-35      36-50      Over 50
2. Are you currently unemployed or working less than half-time?                      YES              NO
3. Are you claimed as a dependant by someone else?                      YES              NO
4. Are you at least a half-time student?                      YES              NO
5. Is your household's gross yearly income less than:                      YES              NO

Persons in Family Unit	HHS 2007-8 Poverty Threshold	Seattle COL Adjustment (x 2.2)	25% Above (x 1.25)	GROSS YEARLY INCOME
1	\$10,400	\$22,880	\$28,600	<b>\$28,600</b>
2	\$14,000	\$30,800	\$38,500	<b>\$38,500</b>
3	\$17,600	\$38,720	\$48,400	<b>\$48,400</b>
4	\$21,200	\$46,640	\$58,300	<b>\$58,300</b>
5	\$24,800	\$54,560	\$68,200	<b>\$68,200</b>
6	\$28,400	\$62,480	\$78,100	<b>\$78,100</b>
7	\$32,000	\$70,400	\$88,000	<b>\$88,000</b>
8	\$35,600	\$78,320	\$97,900	<b>\$97,900</b>
For each additional person, add	\$3,600	\$7,920	\$9,900	

6. Are there any other financial circumstances SLA should consider in evaluating your need?



7. What level of discount do you require?                      25%              50%
8. What would be the purpose of your study at SLA?

