

## Tuition Assistance Intake Form

First Name

Last Name

State of Residence

Email

Home Phone

Cell Phone

Work Phone

Fax

Have you been in touch with a loan, grant, funding source, or tuition assistance program?

Yes  No 

If yes, please provided the following:

Program Name

Contact Name

Email

Phone

Fax

Website

Please list the Kaplan course(s)/program(s) you are interested in taking:

Additional information you wish to provide:

When this form is complete, please click **SUBMIT**. Kaplan Professional Schools' Tuition Assistance Coordinator will be contacting you shortly. Thank you for selecting Kaplan Professional Schools to fulfill your educational needs.

**SUBMIT**