

## Weighted Drawing Application

Child's Name:	Child's DOB or EDD (required): / /	
Check all that apply:		
Federal Employee @ GAO HQ	Federal Employee outside of GAO	
Applying for Sibling Preference (see policy)	Tiny Findings Employee	
Federal Contractor at GAO HQ	Submitting a sibling application in concurrent lottery	
Legistlative Employee outside of GAO HQ	Submitting a scholarship application	
Name Home Phone / Home Email		
Home Address		
Employer (required) Work Phone / Work Email		
Work Address		
Parent / Guardian 2		
Name Home Phone / Home Email		
Home Address		
Employer (required) Work Phone / Work Email		
Work Address		
Please indicate whether this is your first application a payment for the corresponding fee.	ion or whether this is a renewal application, and attach	
Original Application: \$125Renewal Application: \$125Renewal Application:	cation: \$25 Center Management Use Only	
Drawing Date: Offer Letter Sent: Returned (Accepted/Declined): Start Date: Class: Contact Notes:		

## **Credit Card Authorization Form**

I hereby authorize Tiny Findings, Inc. to charge the credit card listed below for Re-enrollment / Enrollment / Application Fee (circle one). The re-enrollment/enrollment fee is \$259.22 inclusive of credit card fees; the application fee is \$129.69 inclusive of credit card fees. All fees are non refundable in accordance with Tiny Findings, Inc. policies. Please note, below amounts reflect the fee amount + associated credit card fees. This form is for a one time charge applicable to only the fee selected.

Child Name:			
Parent / Guardian (s) Name:		_	
Amount: \$259.22 / \$129.69 (circ	cle one)		
Bank:			
Credit Card Number:			
Expiration Date:			
Security Number:			
Signature		Date	-
Management Use Only			
Form Received Date:	Charge Amount:	_ Charge Date:	Initial: