



Weighted Drawing Application

Child's Name: _____ Child's DOB or EDD (required): ___ / ___ / ___

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Federal Employee @ GAO HQ | <input type="checkbox"/> Federal Employee outside of GAO |
| <input type="checkbox"/> Applying for Sibling Preference (see policy) | <input type="checkbox"/> Tiny Findings Employee |
| <input type="checkbox"/> Federal Contractor at GAO HQ | <input type="checkbox"/> Submitting a sibling application in concurrent lottery |
| <input type="checkbox"/> Legislative Employee outside of GAO HQ | <input type="checkbox"/> 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 or whether this is a renewal application, and attach a payment for the corresponding fee.

Original Application: \$150.00 Renewal Application: \$25.00 Center Management Use Only

Check # Amt. Rec'd by: Date:

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 \$362.85 inclusive of credit card fees; the application fee is \$155.60 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: \$362.85 / \$155.60 (circle one)

Bank: _____

Credit Card Number: _____

Expiration Date: _____

Security Number: _____

Signature

Date

Management Use Only

Form Received Date: _____ Charge Amount: _____ Charge Date: _____ Initial: _____