



## Financial Aid Application

**Instructions:** Please complete this form and submit it along with your income tax return for the last two years.

### Parent/Guardian Information

Name: _____	Social Security#: _____
Address: _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>
_____	Monthly Payment: _____
Contact Phone # _____	Email: _____
Occupation: _____	
Employer: _____	
Address: _____	
Supervisor: _____	Phone #: _____

### Student Information

First Child	Name: _____	Age: _____	Grade: _____
Second Child	Name: _____	Age: _____	Grade: _____
Third Child	Name: _____	Age: _____	Grade: _____

**How can you help the school?** (Please write down here specific areas where you can help e.g. teaching assistance, facility maintenance, transportation, etc.)

1. _____	Hours/Week: _____
2. _____	Hours/Week: _____
3. _____	Hours/Week: _____
4. _____	Hours/Week: _____

Applicant's Signature: _____	Date: _____
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### For Office Use Only

Reviewed By: _____	Date: _____	Amount: _____
Comments: _____		
Approved By: _____	Date: _____	Amount: _____
Comments: _____		