



Education Programs
FINANCIAL AID APPLICATION FORM

(Please print clearly)

Today's date: _____

Name of Student: _____ Date of Birth _____

Class(es) student is registered for: _____

Mailing Address for all correspondence: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Name of Parent/Guardian #1 at this address: _____

Daytime Phone #: _____ Evening Phone #: _____

Occupation/Employer: _____ Monthly earnings (before taxes): _____

Name of Parent/Guardian #2 at this address: _____

Daytime Phone #: _____ Evening Phone #: _____

Occupation/Employer: _____ Monthly earnings (before taxes): _____

(Monthly household income should include ALL sources: alimony or child support from non-custodial parent, Veteran's/SS benefits, unemployment or workman's comp, federal or state aid, etc.)

Total number of dependents living in applicant's household: _____

Please check one:

- I am applying for a scholarship only
- I am applying for a work-study position only
- I am interested in receiving a scholarship, and would also accept a work-study position either instead of or in addition to a partial scholarship.

(You may, but are not required to, attach copies of any financial documents in support of your request, and/or list any extenuating circumstances regarding your financial situation on a separate page.)

My signature verifies the above statements to be true, and further acknowledges my understanding of the commitment that will be required if I am offered a work-study position.

Parent/Guardian Signature: _____ Date: _____

Please remember to:

- Completely fill out and sign this form
- Include a non-refundable \$25 deposit (If application is accepted, this will be all you will pay!)
- Include your registration form if not already registered