Financial Aid Application

Scholarships are given based on financial need. Please fill out the following information and provide us with the first page of your most recent income tax return. Students that receive scholarships are expected to commit to the length of the program and have excellent attendance.

Applicant's Contribution $_____Estimated Need $_____

1. **Has your child attended this program in the past? Yes_____No_____**
2. **Did he/she receive financial aid? If yes, what was the amount? _____**
3. **Student's Name_____**

Parent information

Mother/Guardian _____ Phone _____

Occupation _____

Name of Employer _____

Father/Guardian _____ Phone_____

Occupation _____

Name of Employer _____

# of other dependents (include ages, partial or full dependency)_____

We provide financial assistance to those families making **$80K or less.** Please do not apply if you are over the income limit. Your application will be denied.

Please provide us with the following document to determine eligibility:
2024 tax return (only need page that lists dependents and gross annual income).

I hereby certify that the information contained in this application is accurate and complete.

Signature **Date**