

Student 2 Name:

Student 3 Name:

Financial Aid Application

Today's Date_____

Student Information

Student 1 Name: Grade:

Parent/Guardian Information		
Name:	Primary Phone#:	
Secondary Phone #:	Are you a single parent? Y N	

Grade:

Grade:

2nd Parent/Guardian Information		
Name:	Primary Phone#:	
Secondary Phone #:		

Financial Information			
My Total Family Income/Expenses: Do You Receive Any of			
Monthly:	Following? If so how much PER MONTH?		
Annually:	AFCD:		
How much do you spend MONTHLY for MORTGAGE/RENT & UTILITIES?	Food Stamps:		
	Child Support:		
How many hours/week do you work?	Social Security:		
How many hours/week does your spouse work?	Pensions:		
Are you a full-time student? Y N (If so, attached copy of your school schedule)	Other:		
Have you attached a copy of your 2016 tax return?(1st page)			
Have you attached copies of your last 3 paychecks?			



Estimation Of Amount You Can Provide				
Before & After-Scho	ol Per MONTH:			
Club/Athletic Partici	Club/Athletic Participation:			
	Full After-School/Before School Costs Chart			
Before School	\$1 per day			
After School	\$12.50 per day Club fees may vary, F	FA may only apply to FSI BtB clubs.		
Clubs/Athletics	Average Club Cost-\$	100		
Book Fees (Average	Full Annual Cost: \$20):			
	jected Full Annual Cost:			
Please list any extenua	iting circumstances for us t	o consider when reviewing your application:		
must be paid on time a outlined in the FSI Har	ind my account must be ke idbook may jeopardize futu	ancial Assistance, I understand that my portion of the cost pt current. Failure to comply with the payment policies re financial assistance. Initial		
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