

Financial Aid Application

Today's Date				
Student Information				
Student 1 Name:		Grade:		
Student 2 Name:		Grade:		
Student 3 Name:		Grade:		
Parent/Guardiar	n Information	1		
Name: Primary Phon		e#:		
Secondary Phone #: Are you a single		le parent? Y N		
2nd Parent/Guardian Information				
Name: Primary Phone		#:		
Secondary Phone #:				
Financial Information				
My Total Family Income/Expenses:		Do You Receive Any of the		
Monthly:		Following? If so how much PER MONTH?		
Annually:		AFCD:		
How much do you spend MONTHLY for MORTGAGE/RENT & UTILITIES?		Food Stamps:		
How many hours/week do you work?		Child Support:		
How many hours/week does your spouse work?		Social Security:		
Are you a full-time student? Y N (If so, attached copy of your school schedule)		Pensions: 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	ool Per MONTH:		
Club/Athletic Partic	pation:	<u> </u>	
Full After-School/Before School Costs Chart			
Before School	\$1 per day		
After School	\$12.50 per day Club fees may vary, FA m	per day es may vary, FA may only apply to FSI BtB clubs.	
Clubs/Athletics	Average Club Cost- \$100		
Book Fees (Average	Full Annual Cost: \$20):		
	pjected Full Annual Cost: \$40		
Please list any extenu	ating circumstances for us to co	onsider when reviewing your application:	
must be paid on time a	and my account must be kept c	al Assistance, I understand that my portion of the cost urrent. Failure to comply with the payment policies inancial assistance. Initial	
hereby acknowledge	that all of the information provi	ded on this application is true and correct.	
Parent's Name			
Signature		Date:	