



Financial Aid Information Form

I. Student

Name _____ Date of Birth _____

a. Does the student who will be attending our program(s) have an identified disability? Yes No

b. If you answered "Yes" above, does the student attend a special education school? Yes No

II. Parent/Legal Guardian (residing with student)

Name _____

Father Mother Stepfather Stepmother Other (specify) _____

Name _____

Father Mother Stepfather Stepmother Other (specify) _____

III. Contact Information

Street Address _____

City _____ State _____ Zip _____ County _____

Primary phone _____ Secondary phone _____

IV. Household Information

List the names and relationships of all individuals in the household. Check the appropriate response to indicate whether or not the person is a dependent in accordance with IRS regulations.

Name	Relationship	Age	Dependent	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. Income per Household

Please indicate your household income (rounded to the nearest thousand) \$ _____

To the best of my knowledge, all of the information stated above is accurate and true.

Signature of Parent/Legal Guardian _____ Date _____

For Office Use Only	_____	Date Received	_____	Date Reviewed	_____	EITC Eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	Amount Awarded	_____		Program(s) Attending	_____		