

**Financial Aid Application**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incoming Grade \_\_\_\_\_\_ Male\_\_\_\_\_ Female \_\_\_\_\_**

**Please list all family members in your household, this includes yourself and people who are related by birth, marriage or adoption living together.**

**Name DOB Does this Individual contribute household income?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**Monthly Household Expense**

**Mortgage/Rent Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_ Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approximate Other Debts $\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Extraordinary Expense $\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Submit one of the following for consideration to be made:**

* **Current Pay Stubs of Parents**
* **2019 Income Tax Return**

**I affirm that the above information is true and correct to the best of my knowledge, I understand if the information I give is determined to be false, the result will be denial of financial assistance.**

**Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**