



**ACADEMIA DE MI ABUELA**

**\*Cultivating Culture \*Celebrating Tradition \* Connecting Community**

**Financial Aid Application**

**STUDENT FIRST NAME:** \_\_\_\_\_ **STUDENT LAST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**PARENT/GUARDIAN E-MAIL(S):** \_\_\_\_\_

**CONTACT #(S):** \_\_\_\_\_

**EXPLAIN IN NO MORE THAN FIFTY WORDS WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Have you been approved for Subsidized Child Care Assistance for this school year? Yes No (circle one) Which government agency has approved Subsidized Assistance, what is the name of agency analyst and what is the tuition rate of approval by the agency?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**A completed application is due no later than March 11th, 2016.**

**A. Parent A/ Guardian Responsible for Tuition**

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address Apt. # (If applicable)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Place of Employment How many years?

**B. Parent B/Guardian Residing with Parent A**

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address Apt. # (If applicable)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Place of Employment How many years?

**C. Dependents: List all children from oldest to youngest, including college students. Indicate child's relation to Parent Guardian A: child, foster child, grandchild, etc.**

1.	_____	_____	_____
	Dependent Last Name #1	Dependent First Name	Date of Birth
	_____	_____	_____
	Relation to Parent/Guardian A	Applying for Aid?	Name of school attending in 2016-2017
	__\$ _____	__\$ _____	
	Amount I/We can pay toward tuition (per month)	Tuition charged per student	
2.	_____	_____	_____
	Dependent Last Name #2	Dependent First Name	Date of Birth
	_____	_____	_____
	Relation to Parent/Guardian A	Applying for Aid?	Name of school attending in 2016-2017
	__\$ _____	__\$ _____	
	Amount I/We can pay toward tuition (per month)	Tuition charged per student	
3.	_____	_____	_____
	Dependent Last Name #3	Dependent First Name	Date of Birth
	_____	_____	_____
	Relation to Parent/Guardian A	Applying for Aid?	Name of school attending in 2016-2017
	__\$ _____	__\$ _____	
	Amount I/We can pay toward tuition (per month)	Tuition charged per student	

**D. Household Information**

1. Number of individuals who reside in your household during the 2016-2017 school year:

_____	_____	_____	_____
Parents/Guardians	Children	Other*	If other, please explain

2. Current marital status/ housing arrangements of Parent/Guardian A:

Married  Single\*  Separated\*  Divorced\*  Remarried\*  Widowed  Other: \_\_\_\_\_

\*If Single, Divorced, Remarried, or Separated, please fill out section E.

**E. Single, Divorced, Remarried, or Separated Parents**

1. Date of Separation \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
(Month/Year) (Month/Year)
2. Name of non-custodial parent \_\_\_\_\_  
(Last) (First)
3. Who claimed student as a tax dependent in 2015? \_\_\_\_\_
4. Who is responsible for the tuition for the dependent(s) listed in section C?

	Name	Name(s) of Student under adult tuition responsibility	% of tuition paid (per student)	Child Support (per year)		
				\$	\$	\$
Father				\$	\$	\$
Mother				\$	\$	\$
Other				\$	\$	\$

**F. Taxable Income**

The 2015 federal tax return for student's household was:

- Filed  Not filed yet  I/We do not file (receive non-taxable income)

1. Total number of exemptions claimed on Federal Income Tax Form 2015. \$ \_\_\_\_\_
2. Parent/Guardian a total taxable income from W-2 wages (Box 1) – Parent A: \$ \_\_\_\_\_
3. Parent/Guardian a total taxable income from W-2 wages (Box 1) – Parent B: \$ \_\_\_\_\_
4. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. \$ \_\_\_\_\_
5. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. \$ \_\_\_\_\_
6. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, 1040EZ. \$ \_\_\_\_\_
7. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. \$ \_\_\_\_\_

**G. Non-Taxable Income**

List the total amount received from 1/1/15-12/31/15 for all recipients in the household.

8. Child Support Per Year \$ \_\_\_\_\_
9. Cash Assistance (TANF) Per Year \$ \_\_\_\_\_
10. Food Stamps (SNAP) Per Year \$ \_\_\_\_\_
11. Housing Assistance (Sec. 8, HUD, etc) Per Year \$ \_\_\_\_\_

**H. Unusual Circumstances**

Check all that apply to your situation within the past 12 months.

- Loss of job     Bankruptcy     Death in the family     Medical/Dental Expenses     College Expenses  
 Recent Separation/Divorce     Shared Custody     Shared Tuition     Income Reduction  
 Change in family living status     High Debt     Change in work status     Illness or injury  
 Child Support Reduction     Other: \_\_\_\_\_

**I. Authorization and Documentation Requirements**

1. This application must be filled out in its entirety, signed and dated below by the Parent(s)/Guardian(s).
2. A copy of your 1040, 1040A, or 1040EZ 2015 IRS Form must be provided.

I/We declare that the information on this form is true, correct and complete to the best of my/our knowledge.

_____ Parent/Guardian A Signature	_____ Date	_____ Parent/Guardian B Signature	_____ Date
_____ Director's Signature		_____ Administration Witness's Signature	_____ Date