



ACADEMIA DE MI ABUELA

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

Financial Aid Application

If you're interested in bartering, please include your skills and availability when applying.

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?**

What is your monthly childcare budget and what are your skills that you'd like to offer to barter with?

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