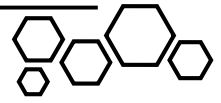
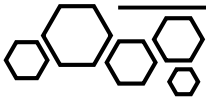


Child Care

Scholarship

Transportation

Other



Application for Financial Aid

SECTION I – APPLICANT INFORMATION

Name:	SSN:
Address:	
Telephone: (Home)	(Cell)
Email Address:	

A. What financial aid are you applying to receive? Please check all that apply:

- Scholarship for school
- Transportation assistance
- Child care financial aid
- Other (list) _____

B. Check any benefits listed below that you receive now or have received in the last six months:

- | | | |
|--------------------------|--------------------------|--|
| Now: | Last 6 Months: | |
| <input type="checkbox"/> | | Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Nutritional Assistance (SNAP) |
| <input type="checkbox"/> | | Supplemental Security Income (SSI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Insurance |
| <input type="checkbox"/> | | Trade Adjustment Assistance (TAA) |
| | | <input type="checkbox"/> Lay off date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Workforce Solutions Financial Aid |

C. Additional information to help us:

Are you a veteran who served in the active military, naval, or air service or a qualified spouse? Yes No

Are you now or have you ever been a foster child? Yes No

Are you currently working? Yes No

If yes, number of hours per week _____

Name of Employer _____

Are you currently attending school? Yes No

If yes, number of hours in class per week _____

Number of credit hours this semester _____

Name of school _____

Do you receive scholarships, grants or loans to help you go to school? Yes No

If yes, enter amount if known \$ _____

The information submitted here is accurate to the best of my knowledge.

Your Initials: _____ Date: ____/____/____

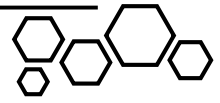
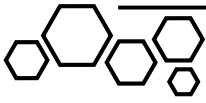
Staff Initials: _____ Date: ____/____/____

Child Care

Scholarship

Transportation

Other



Application for Financial Aid

SECTION II – FAMILY INFORMATION

Complete the section below about the people who live in your home. Begin with your information, and then list the people who live with you and their relationship to you. List each person’s age and approximate monthly gross income.

Name	Relationship	Birth Date	Approx. Monthly Gross Income	Check if you or a family member have a disability <i>*Optional</i>
1.	Self		\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	

If more than 10 people live in your home, please add the others here.

Information submitted in this application is a complete and accurate representation of me the my family’s circumstances at this time.

Your Signature: _____ Date: ____ / ____ / ____

FOR STAFF USE ONLY

Staff Signature:		
Staff Name Printed	Application Date	# in family for eligibility purposes
Eligible for WS Financial Aid: Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:		