



FINANCIAL AID APPLICATION

Last Name: _____ First Name: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ How many adults in household? _____

Marital Status: Single Married Separated Divorced Widowed

Applicant
<input type="checkbox"/> First Time
<input type="checkbox"/> Renewal

Family Members: that are listed as dependents on tax return: (Please list additional family members in your home on the back)

First Name: _____	Last Name: _____	DOB: _____	Relationship: _____
First Name: _____	Last Name: _____	DOB: _____	Relationship: _____
First Name: _____	Last Name: _____	DOB: _____	Relationship: _____
First Name: _____	Last Name: _____	DOB: _____	Relationship: _____
First Name: _____	Last Name: _____	DOB: _____	Relationship: _____

Does your child/children qualify for free/reduced lunch? _____ YES _____ NO

Income:

\$ _____ Gross Monthly Income-1st Adult
 \$ _____ Gross Monthly Income-2nd Adult
 \$ _____ Child Support
 \$ _____ Unemployment
 \$ _____ TANAF
 \$ _____ Food Stamps
 \$ _____ Social Security/SSI Disability
 \$ _____ Retirement/Pension
 \$ _____ Alimony
 \$ _____ Other: _____
 \$ _____ **Total Monthly Income**

Expenses

\$ _____ Rent/Mortgage
 \$ _____ Auto Loan
 \$ _____ Utilities
 \$ _____ Phone
 \$ _____ Child Support
 \$ _____ Medical
 \$ _____ Child Care
 \$ _____ Other: _____
 \$ _____ **Total Monthly Expenses**

\$ _____ **Annual Gross Household Income**

I certify that this information accurately represents my total household income, and that I do not have additional income not represented above. I understand that I will be asked to provide proof of income and that management may revoke the financial aid and require me to pay the full registration fee.

Print Name: _____ Date: _____

Signature of Applicant: _____

Required Documentation Checklist:
Federal tax return (Form 1040. If you do not have a copy, please call 800-829-1040 for a duplicate.)
____ 2 Most Recent Pay Stubs
____ Other documentation
____ Award Letter
____ Date Received
Alliance Staff: _____

Approval Date _____	Renewal Date _____	Expiration Date _____
Amount of Scholarship _____	Agreed Upon Registration Fee _____	Promo Code _____

Rev. 1