

APPLICATION FOR FINANCIAL AID

The Sanctuary Academy

Date _____ SS#: _____ For what semester are you seeking aid: _____

Name of student: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State, Country) (Zipcode)

Date of Birth: ___ / ___ / ___ Place of Birth: _____ Age: _____ Gender: M ___ F ___

Language: _____

Whom may we contact regarding application?

Name: _____ Relationship _____ Phone: (____) _____
=====

Name of Mother (Guardian) _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State, Country) (Zipcode)

Telephone: (____) _____ Cellular: (____) _____ Email: _____
=====

Name of Father (Guardian) _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State, Country) (Zipcode)

Telephone: (____) _____ Cellular: (____) _____ Email: _____
=====

Is the child currently receiving any subsidized funding? Yes ___ No ___ Source? _____

What is the household total income? _____ ***Must attach copies of 2 most recent Federal Income Tax Returns for all adult wage earners.**

Number of People in Household: _____ Number of Adults: _____ Number of Children: _____
=====

Mail/Deliver to:

Sanctuary Christian Academy
c/o Ana Luisa Roldan Hoyte Memorial
Scholarship Administrator
PO Box 6283, McAllen TX 78502

Internal Use Only:

Date Received: ___ / ___ / ___
Approved Yes ___ No ___
Quantity: _____

Signature of all Parent(s) or Guardian(s) living within the household:

I/We certify that all information on this form as well as all supporting documentation, is true, correct, and complete to the best of my/our knowledge and that all household income has been reported.

I/We understand that deliberate misrepresentation of information may result in the scholarship being denied or revoked, and that any scholarship awarded based on false information may need to be reimbursed. I/We understand that I/We may be asked to provide additional income information.

_____ Signature	_____ Date	_____ Printed Name
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_____ Signature	_____ Date	_____ Printed Name
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_____ Signature	_____ Date	_____ Printed Name
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_____ Signature	_____ Date	_____ Printed Name
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