



Student Financial Aid Grant Application

SCHOOL YEAR THAT AID IS BEING APPLIED FOR: _____

A copy of parent's last year's tax forms must be submitted with this application. The student must be listed as a dependent on the tax return submitted.

STUDENT INFORMATION

Student Name _____ Grade _____ DOB ____/____/____ Age _____

PARENT/GUARDIAN INFORMATION

Father or Male Guardian _____ Phone (____) _____

Address _____ City/State _____ Zip _____

Employer _____ Monthly Gross Earnings \$ _____

Mother or Female Guardian _____ Phone (____) _____

Address _____ City/State _____ Zip _____

Employer _____ Monthly Gross Earnings \$ _____

Other Income, if any \$ _____ Source of other Income _____
(Example: Social Security, Disability, Alimony, and Child Support)

Do you have other children attending SDA Schools? Yes ___ No ___
Child's Name _____ School _____ Outstanding Balance \$ _____ Monthly Payment \$ _____
Child's Name _____ School _____ Outstanding Balance \$ _____ Monthly Payment \$ _____

OTHER INFORMATION

House:	Value \$ _____	Amount Owed \$ _____	Monthly Payment \$ _____
2 nd House:	Value \$ _____	Amount Owed \$ _____	Monthly Payment \$ _____
Car: Year/Make _____	Value \$ _____	Amount Owed \$ _____	Monthly Payment \$ _____
Car: Year/Make _____	Value \$ _____	Amount Owed \$ _____	Monthly Payment \$ _____
Personal Loan(s): Description _____			Monthly Payment \$ _____
Credit Card(s): Description _____			Monthly Payment \$ _____
Other: Description _____			Monthly Payment \$ _____
Other: Description _____			Monthly Payment \$ _____

If there are circumstances that the financial aid committee should consider, please describe them briefly: _____

PARENT/GUARDIAN AGREEMENT

I/We can pay at least \$ _____ per month. (Note: This figure is **only** to aid the scholarship committee in its decision of financial aid and should not be construed as a parent's final commitment and/or obligation.)

I/We declare that I/We have examined the information in this application, and to the best of my/our knowledge and belief, it is true, correct, and complete.

Male Parent/Guardian Signature _____ Date _____

Female Parent/Guardian Signature _____ Date _____

Note: This application is to be in the Campion Academy Business Office on or before July 31, completely filled out and properly signed. Please remember that this program is subject to available funds and final determination of financial need by the Student Scholarship Committee or its representative. If this application is submitted after July 31, Campion Academy financial assistance may be denied or adjusted.