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Samara Learning Center Financial Aid/Scholarship Application

Student Information

Child's name: _____ DOB: _____ Preferred Pronouns _____

(Optional, and you may check more than one) Child identifies as:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native Tribal Affiliation | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latinx |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Other: _____ | |

Home address: _____ City: _____ State: _____ Zip: _____

Name of person(s) with whom child lives: _____ Relationship to applicant: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian name: _____ **Date of Birth:** _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ e-mail _____

Country _____ Phone #: _____

Employer: _____ Work phone: _____

Disabled: Yes No Veteran/In Military Service: Yes No Annual Income _____

Parent/Guardian name: _____ **Date of Birth:** _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ e-mail _____

Country _____ Phone #: _____

Employer: _____ Work phone: _____

Disabled: Yes No Veteran/In Military Service: Yes No Annual Income _____

OTHER Household INCOME: Income other than listed above (business income, dividend/interest, real estate, trust/inheritance, alimony, child support, etc.) _____

If you want to explain any entries in this section, please explain here: _____



Savings _____ Social Security Income _____ Child Trust _____

EXPENSE INFORMATION

Housing: Rent _____ Mortgage Payment _____ Mortgage Interest Paid _____

Is homeowner's insurance included in mortgage payment yes no

Homeowner's Insurance _____

Original Mortgage Value _____ Year purchased _____ Purchase Price _____

Present Market Value _____ Have you refinanced yes no Year:- _____

Refinance amount _____ Principal Remaining _____

Property Tax Paid _____ Is your property tax included in your mortgage? Yes No

Vehicle Make/Model _____ Year _____ Estimated Value _____

Is your vehicle leased: Yes No

Debt Outstanding _____ Payment (monthly) _____

Auto Insurance _____ Health Insurance _____ Utilities _____

Life Insurance _____ Federal Taxes _____ State/County/City Taxes _____

Ongoing Medical Expenses (explain)

DEPENDENTS

Child 1.) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Present Grade _____

Present School _____ Is there tuition? Yes No Amount \$ _____

Does the child receive aid or scholarship to attend current school? Yes No Amount \$ _____

If you want to explain any entries in this section, please explain here: _____

Child 2.) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Present Grade _____
 Present School _____ Is there tuition? Yes No Amount \$ _____
 Does the child receive aid or scholarship to attend current school? Yes No Amount \$ _____
 If you want to explain any entries in this section, please explain here: _____

Child 3.) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Present Grade _____
 Present School _____ Is there tuition? Yes No Amount \$ _____
 Does the child receive aid or scholarship to attend current school? Yes No Amount \$ _____
 If you want to explain any entries in this section, please explain here: _____

Child 4.) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Present Grade _____
 Present School _____ Is there tuition? Yes No Amount \$ _____
 Does the child receive aid or scholarship to attend current school? Yes No Amount \$ _____
 If you want to explain any entries in this section, please explain here: _____

Adult Dependent Name _____ Relationship _____

Contributions to household _____ Does this dependent attend school? Yes No
 Tuition amount _____

OTHER INFORMATION

Other information relevant to consideration of financial aid/scholarship eligibility



We welcome and encourage diversity. Our services are available to all who need them, without regard to ethnic background, race, color, creed, sex, sexual orientation, socio-economic status, national origin, non-disqualifying disability or religion. Please sign and date to signify that you agree that the information you provided is accurate to your knowledge.

Application completed by (Parent/Guardian's name printed): _____

Relationship to child: _____

Parent's /guardian's signature: _____ Date _____