



## Samara Learning Center Financial Aid/Scholarship Application

Date: \_\_\_\_\_

### STUDENT INFORMATION

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering \_\_\_\_\_ 529 Savings \_\_\_\_\_

Social Security Income \_\_\_\_\_ Child Trust \_\_\_\_\_

Name of person(s) with whom child lives (if not parents): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Ethnicity (Optional): White African American Asian American Latino/Hispanic  
Indian American Other Decline to state

Application completed by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent or Guardian name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail \_\_\_\_\_

Country \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Disabled: Yes No Annual Income \_\_\_\_\_

Parent or Guardian name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Disabled yes no Annual Income \_\_\_\_\_

OTHER 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:

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**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)

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**DEPENDENTS**

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Present Grade \_\_\_\_ Present School \_\_\_\_\_  
 Is there tuition: Yes No Amount \$ \_\_\_\_\_ Do you receive aid or scholarship? Yes No  
 Amount \$ \_\_\_\_\_

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Present Grade \_\_\_\_ Present School \_\_\_\_\_ Is there tuition: Yes No  
 Amount \$ \_\_\_\_\_ Do you receive aid or scholarship? Yes No Amount \$ \_\_\_\_\_

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Present Grade \_\_\_\_ Present School \_\_\_\_\_ Is there tuition: Yes No  
 Amount \$ \_\_\_\_\_ Do you receive aid or scholarship? Yes No Amount \$ \_\_\_\_\_

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Present Grade \_\_\_\_ Present School \_\_\_\_\_ Is there tuition: Yes No  
 Amount \$ \_\_\_\_\_ Do you receive aid or scholarship? Yes No Amount \$ \_\_\_\_\_

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

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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.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_