



230 NE 9<sup>th</sup> St., Bend, OR 97701 • (541) 419-3324 • info@samaralearningcenter.org • www.samaralearningcenter.org

## 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 \_\_\_\_\_