



The Echelon Academy

Financial Aid Application Form

Please complete this application and return to the Director. You must provide a copy of your latest Federal tax return, your most recent pay stub(s) and any other documentation you feel may be pertinent to your application. Your application and financial information will be kept confidential. Please fill out the following individual or family information (even if there is only one income). Income qualification based on sliding scale limits does not guarantee that scholarships will be awarded. Please be aware that there are limited dollars available for distribution and are distributed to those who demonstrate the greatest need.

I am requesting scholarship help with:

- The Echelon Academy Day School
- Extended School Year
- Summer Camp
- High Flyers, After School Homework Club

Applicant's Full Name:

Home Address:

City: _____ Zip: _____

Home Phone: _____ Email Address: _____

Employer: _____ Phone: _____

Employer's Address: _____

City: _____ Zip: _____

Spouse/Partner's Full Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Email Address: _____

Employer: _____ Phone: _____

Employer's Address: _____

City: _____ Zip: _____

List the first and last name of all children under the age of 22, their age and the program for which funds are being requested:

First Name	Last Name	Age
_____	_____	_____
_____	_____	_____

Financial Statement:

Income:

Monthly:

Applicant's Family Gross Salary: \$ _____

Other Income (alimony, trust, interest, rental income, etc.): \$ _____

Total Income: \$ _____

Expenses:

Monthly:

Rent/Mortgage: \$ _____

Household Expenses
(food, transportation, clothing, utilities): \$ _____

Other: (please explain in area provided, below): \$ _____

Total Expenses: \$ _____

Net Income (Total Income - Total Expenses): \$ _____

Explanation for "Other" Expenses:

Brief Explanation for need of scholarship assistance:

What do you feel you could pay (Monthly)?:

\$ _____

Are you currently receiving financial assistance from other social, religious or educational agencies?

NO

YES

If Yes,

Name: _____ **Date:** _____

Amount (Monthly): \$ _____

("*" indicates field is required)

***I acknowledge that all of the information on this form is, to the best of my knowledge, accurate and complete.**

(1) Applicant Name*: _____

Date: _____

(2) Applicant Name: _____

Date: _____

Please submit this application to: Kellymazzeo@echelonacademy.com