

Financial Assistance Scholarships- Due June 15th

Financial assistance scholarships are made available to individuals and families who are not able to pay the full cost of tuition. Your child's tuition will be determined by AUMC's eligibility rating system. Financial assistance scholarships will be allocated to the greatest number of individuals as funds permit on a first come, first serve basis. Financial assistance scholarships are not continuous; therefore, you will be required to complete a new application and submit the requested paperwork prior to the beginning of the next school year.

All information provided on this application and all supporting documentation submitted will be held in the strictest confidence.

(Please Print)					
PARENT INFORMATION					
Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one)
Child(ren)'s Name(s):					Single / Mar / Div / Sep / Wid
Home Address:		Home Phone: ()		Cell Phone: ()	
City:		State:		ZIP Code:	
Name of Employer:		Occupation:			
Employer Address:		Work Phone: ()			
City:		State:		ZIP Code:	
If unemployed, please explain:					
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SPOUSE INFORMATION				
Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name:		First:	Middle:
Name of Employer:		Occupation:		Work Phone: ()
Employer Address:			City:	State: ZIP Code:
Is your spouse a student? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is your spouse legally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME AND EXPENSE INFORMATION		
MONTHLY GROSS INCOME: (Income is money from any source received by any person living in your household)		
Your Monthly Gross Income:	Spouse's Monthly Gross Income:	Any Additional Income:

[illegible]

PLEASE READ AND SIGN BELOW:

I certify under penalty of perjury that all the information provided above is true and correct. I further certify that all supporting documents submitted are a true representation of my financial circumstance. If required, I agree to provide additional documentation to verify my need for a financial assistance scholarship. I understand that Aldersgate UMC tries to award financial assistance scholarships to as many applicants as possible, to the extent that funds are available.

Applicant's Signature: _____ **Date:** _____

Please attach the following:

1. Copies of your latest Federal and State tax return
2. Copies of all W-2 forms for the current year
3. Your 2 most recent pay stubs
4. Copies of any other supporting documentation you feel will aid us in evaluation your application

Received by: _____ **Date:** _____ **Time:** _____

Aldersgate UMC Non-Discriminatory Policy

AUMC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of it's education, policies, admissions policies, scholarship, and financial aid programs, and athletic and other school administrated programs

OFFICE USE ONLY:**Amount of scholarship approved for:**

\$ _____ /month:

\$ _____ /total amount:

Approval Signatures: _____ Date: _____

Approval Signatures: _____ Date: _____