Application for Financial Aid

Financial Aid is only available for 1st -12th grades. It is not available for Pre-K and KG.
Application and required documents must be received at Allisonville Admin Office
NO LATER THEN May 31st.

Please make sure all fields are completed and all required documents are attached. The application will be declined if it is not filled completely and the supporting documents are not provided.

The Eman Schools, Inc. 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 its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

SECTION A: GENERAL INFORMATION

Parent/Guardian Name: _____
Address:_____
City: _____State:_____ Zip Code: _____
Telephone: Home: (_____) _____-_____ Work: (_____) _____-_____
Cell: (_____) _____-_____
Name(s) of child(s) aid is required for: _____
Grade Level(s) aid is required for: _____
Period Financial Aid required for: From (date)_____ To (date) _____

SECTION B: PARENTS' INFORMATION

Marital Status of Parent: ☐ Married ☐ Divorced/Separated ☐ Mother living/Father deceased ☐ Father living/Mother deceased ☐ Other

Father's Information	Mother's Information
Name:_____	Name:_____
Address:_____	Address:_____
City:_____ State: ____ Zip Code: _____	City:_____ State: ____ Zip Code: _____
Occupation:_____	Occupation:_____

Employer:_____ _	Employer:_____ _

How many people this year depend on parent (s)'s income for daily living expenses (including parents)? _____

List names, schools, and current grade levels of all children in your household
Name: _____Age:_____ Grade:_____ School: _____
Name: _____Age:_____ Grade:_____ School: _____
Name: _____Age:_____ Grade:_____ School: _____
Name: _____Age:_____ Grade:_____ School: _____
Name: _____Age:_____ Grade:_____ School: _____
Name: _____Age:_____ Grade:_____ School: _____

SECTION C: FINANCIAL INFORMATION

During the last year, select the range of the household income (before taxes or expenses) came from the following sources?

Father's work: ☐ $0- $50,000 ☐ $51,000- $75,000 ☐ $51,000- $75,000 ☐ $76,000- $100,000

Mother's work: ☐ $0- $50,000 ☐ $51,000- $75,000 ☐ $51,000- $75,000 ☐ $76,000- $100,000

Family Business:	☐ $0- $50,000 ☐ $51,000- $75,000 ☐ $51,000- $75,000 ☐ $76,000- $100,000
Other:	☐ $0- $50,000 ☐ $51,000- $75,000 ☐ $51,000- $75,000 ☐ $76,000- $100,000

Will there be significant increase or decrease in your family income next year? ☐ Yes ☐ No
If yes, please explain:

_____
_____
_____
_____
_____

SECTION D: ASSET INFORMATION

Does the family own its home? ☐ Yes ☐ No (If yes, please continue to answer no. 1)

1) Is it paid off? ☐ Yes ☐ No (If no, please continue to answer no. 2)

2) Mortgage / Rent? ☐ $500- $1,000 ☐ $1,001- $1,500 ☐ $1,501- $2,000 ☐ $2,001 and above

How many cars does your family have: ☐ 1 ☐ 2 ☐ 3 or more

Does the family own them? Yes ☐ No ☐ (If yes, please continue to answer no. 1)

1) Paid in full? Yes ☐ No ☐ (If no, please continue to answer no. 2)

2) Monthly car payment? ☐ $0- $300 ☐ $301- $500 ☐ $501- $750 ☐ $751 and above

SECTION E: EXPENSES INFORMATION

*Monthly bills: ☐ $750- $1,000 ☐ $1,001- $1,500 ☐ $1,501- $2,000 ☐ $2,000 and above

Medical expense per month: ☐ $200-$300 ☐ $301 - $500 ☐ $500 and above

Other debts: _____

Other monthly expense (s): _____

Monthly mortgage and car payments: Taken from Section D above.

*Monthly bills includes utilities, household necessities, any type of insurance etc.

SECTION F- EXPLANATION/SPECIAL CIRCUMSTANCES

Use this space to explain any unusual expenses, other debts, or special circumstances that the school should consider when it is deciding how much financial aid, if any, you will receive. Use additional sheets of paper if needed.

_____
_____
_____
_____
_____
_____
_____

How much can you contribute towards the tuition per month?

_____

SECTION G-CERTIFICATION AND AUTHORIZATION

We declare the information on this form is true, correct and complete. The school has our permission to verify the information reported by obtaining documentations as needed.

Father's Signature: _____ Date: _____	Mother's Signature: _____ Date: _____

Form MUST be signed & dated. Failure to sign and date could result in delaying or denying application

MOST RECENT TAX RETURN (S) AND MOST RECENT PAY STUB (S) MUST BE ATTACHED WITH THE FORM AND SUBMITTED TO ALLISONVILLE OFFICE TO BE REVIEWED. FAILURE TO DO SO WILL RESULT IN THIS FORM BEING RETURNED UNTIL ALL DOCUMENTS ARE RECEIVED BY ABOVE DUE DATE. *

For office use only, do not write below this line

Amount approved: _____ Period approved for :_____

Reason for rejection:
_____

Financial Aid Committee: _____ Eman Schools Inc. Date: _____	Financial Aid Committee: _____ Eman Schools Inc. Date: _____

Treasurer: _____
Eman Schools Inc.

Date: _____