



ACADEMY OF GREATNESS & EXCELLENCE

Where Prosperous Futures Begin

2014-2015 Financial Aid Application

Name:		Social Security	
Address:		Own	0
		Rent	0
Contact #		Monthly Payment:	
Occupation		Email	
EMPLOYMENT INFORMATION			
Employer 1:		Employer 2 (or	Spouse Employer):
Address:		Address:	
Supervisor:		Supervisor:	
Phone#		Phone#	
FINANCIAL INFORMATION			
Total	Income (Including Spouse Income): \$	Total Savings in	Banks: \$
Household	Stocks, CDs, any other investments: \$	Other benefits	(Unemployment / Medicare / Disability): \$
Total value			
STUDENT INFORMATION			
1st Child	Age:	Grade:	
Name: 2nd	Age:	Grade:	
Child Name 3rd	Age:	Grade:	
Child Name:	Age:	Grade:	
CONTRIBUTION TO SCHOOL			
How can you help the School? Please write down specific areas where you can help - Example: Teaching Assistance, Facility Maintenance, Transportation			
1	Hours/week		
2	Hours/week		
3	Hours/week		
4	Hours/week		
I hereby certify that the contents of this application and the supporting documents submitted by me are true and correct to the best of my knowledge and belief.			
Applicant's Signature:		Date:	