

APPENDIX H – SCHOLARSHIP APPLICATION FORM

Financial aid is awarded on the basis of financial need to those families who could not otherwise afford to participate in the APS program or to those experiencing a temporary financial emergency. As a nonprofit organization, APS has a limited scholarship fund but will make an effort to provide aid to those in need. The Board will review all scholarship applications. **Applications are due August 31, 2005.** Timely applications will be considered for available funds. Late applications may be considered if additional funds are available. This following information will be held in the strictest of confidence.

Date _____

Program (circle) AM PM AM & PM

Child's Name _____ Age _____

Parent's Name _____ Occupation _____

Currently Employed _____ Full-time _____ Part-time _____

Parent's Name _____ Occupation _____

Currently Employed _____ Full-time _____ Part-time _____

Number of children in family _____ Ages _____

Total Monthly Net Income (monthly take-home pay) \$ _____
(Salary, Rental Income, Alimony, Child Support, etc.)

Total Fixed Monthly Expenses \$ _____
(Rent/Mortgage, Food, Insurance, Vehicle & Gas, Credit Cards, Loans, Medical/Dental, Preschool Tuition, etc.)

Please describe the circumstances that make tuition assistance necessary on the back of this page.

Signature of Parent _____ Date _____