

FINANCIAL AID APPLICATION



For Office Use Only:
HH #: _____

All information is strictly confidential.

We will not process any Financial Aid applications that do not have proof of income + expenses.

Along with this form, please submit:

- 2 forms of income verification
- 2 forms of expense verification

PLEASE PRINT CLEARLY

A

Client / Parent / Guardian First Name		Client / Parent / Guardian Last Name	
Address / Apt #		City	Zip Code
Email	Cell Phone () -	Home Phone () -	

DEPENDENTS

1

First Name	Last Name
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2

First Name	Last Name
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3

First Name	Last Name
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4

First Name	Last Name
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ANNUAL INCOME & EXPENSES

B

Annual Income \$	Monthly Rent \$	Monthly Expenses \$	Does your family receive state aid? <input type="checkbox"/> YES <input type="checkbox"/> NO
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- - - - - STOP AND FLIP OVER TO CONTINUE - - - - -

Financial Aid Review - For Office Use Only

Application Received On / /	Documents Received: <input type="checkbox"/> Proof of Annual Income <input type="checkbox"/> Other _____ Date: _____
Financial Aid Approved % %	Notes Letter Mailed: _____
Volunteer Hours Required hr(s)	SOAC STAFF SIGNATURE _____ DATE _____ RECEIVED SIGNED AWARD LETTER _____ DATE _____

C

Briefly, please explain your family’s economic circumstances and why financial aid is needed.

Empty box for explaining family's economic circumstances and why financial aid is needed.

D

TERMS & AGREEMENTS

The School of Arts and Culture is proud to be working with you to provide a quality learning experience that will support your child(ren)’s growth and development. The following requirements must be met in order for your family to receive financial aid. Please read and initial the statements below:

- _____ I have read and understand the Parent/Student Policy Handbook and agree to its terms.
- _____ Student(s) must attend all scheduled classes.
- _____ Any person over the age of 18 in this household/family must commit to the appropriate number of volunteer hours as shown below:
 - 5 hours of volunteer work for 75% financial aid
 - 3 hours of volunteer work for 50% financial aid
 - 2 hours of volunteer work for 25% financial aid
- _____ A \$20 deposit is required for Financial Aid families at registration.
- _____ Account is in good standing.
- _____ Parent or Legal Guardian is applying for Financial Aid.

IMPORTANT - If a child receiving financial aid misses more than 2 classes without a reasonable explanation, the financial aid will be rescinded and the full amount per registered class will be due immediately. Volunteer hours are required and will be scheduled by the school’s directorship.

STUDENT/ PARENT / GUARDIAN SIGNATURE
(student signature if over 18 years of age)

DATE

To submit in person, stop by our office:

School of Arts and Culture at MHP
1700 Alum Rock Avenue
San Jose, CA 95116

Monday - Friday from 10AM - 5PM

For questions or to submit online, contact:

Rosalinda@schoolofartsandculture.org
(408)794-6250

