



Legacy Academy & Preschool Financial Aid Application

School year that aid is being applied for: _____

A copy of parent's last year's tax forms must be submitted with this application. The child must be listed as a dependent on the tax return submitted.

CHILD INFORMATION

Name: _____

Date of Birth: _____ Age: _____ Grade/Class: _____

PARENT/GUARDIAN/FAMILY INFORMATION

Father or Male Guardian: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Mother or Female Guardian: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

List the immediate family members under the age of 18 living at home, and supported by your income.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME

Father/Male Guardian Employer _____

Monthly Gross Earnings \$ _____

Mother/Female Guardian Employer _____

Monthly Gross Earnings \$ _____

Other Monthly Income, if any \$ _____

Sources of other Income

(Example: Social Security, Disability, Alimony, Child support, Investment, second job, other)

Total Family Gross Income: _____

EXPENSES

What is the approximate total of your monthly expenses? _____

Please List your expenses

(Example: Tithe, rent, food, transportation, mortgage, car payment, credit card payments, dental, medical, debt, other)

If there are extenuating circumstances that the financial aid committee should consider, please describe them below: (e.g., family circumstances, employment, adoption, ministry or other responsibilities; etc.).

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that a false statement may disqualify me from the scholarship program.

Mother/Female Guardian Signature: _____ Date: _____

Father/Male Guardian Signature: _____ Date: _____