

Alternative Education Foundation
4650 SW 61st Avenue
Davie, FL 33314
P: 954-327-4377
F: 954-327-4372
www.alternativeeducationfoundation.org



Scholarship / Financial Aid Application

Dear Parents:

The cost of tuition can be a financial burden that some families are unable to fully absorb. We strive to assist parents through various forms of creative financing, including:

- ✓ Partial scholarships
- ✓ Extended repayment plans
- ✓ Loans
- ✓ Tax Deductions

If you believe you require assistance, please act immediately, and complete the three (3) items listed below. Place a check in the box next to each item as you have completed them.

- 1. Complete the reverse side of this form in full and return it to us.
- 2. Along with this form, send in a copy of your last tax return.
- 3. Write a letter to us, advising us of any special financial circumstances relating to you.
 - a. In the letter, indicate to us the maximum amount you feel able to contribute each month.
- 4. Application must be accompanied with a \$25.00 processing fee.

It is essential that you respond to us as soon as possible, as we are required to balance our own budget. Please bear in mind that we receive limited assistance from the State and no assistance from any other Federal Agency, and are therefore restricted in the amount of financial assistance we are able to give.

PREFERENCE IS USUALLY GIVEN TO THE EARLIEST APPLICATIONS RECEIVED.

It is essential that you submit the requested documentation for us to best serve your financial needs; Failure to respond in a timely manner may result in your application being dismissed.

We look forward to hearing from you,
Alternative Education Foundation

Scholarship Assistance Application

APPLICANT Name _____

Social Security Number _____ Age _____

Student's Name _____ Age _____

Home Address _____

How long _____

Telephone Number Home _____ Work _____

Number of Dependents _____ Ages _____

Employer _____

Employer Address _____

Position _____ How long employed _____

Bank _____ Branch _____

CURRENT MARITAL STATUS >>>>

Married / Divorced / Separated

INCOME

LAST YEAR
(PER TAX RETURN)

NEXT YEAR
(EXPECTED)

Income earned from work (father)	\$ _____	\$ _____
Income earned from work (mother)	\$ _____	\$ _____
Other Income (Father and Mother)	\$ _____	\$ _____
Income (Student)	\$ _____	\$ _____

REAL ESTATE

If renting - monthly rent \$ _____ Mortgage Holder _____

If own, monthly payment \$ _____ Mortgage Balance \$ _____

Purchase Price \$ _____ Current Value \$ _____

ASSETS

Cash, Savings & Checking Accounts	\$ _____
Home	\$ _____
Real Estate and Investments	\$ _____
Business and Farm	\$ _____

Does your child have an IEP? _____ What is his/her matrix number? _____

I have entered whether or not my child has an IEP, and if he/she does, I have entered the matrix #.

I understand that if I have not entered whether my child has an I.E.P. (and if applicable, the matrix number) and if I have not completed items 1, 2, 3 and 4 as stated on the other side of this form, this application will be considered incomplete and cannot be considered for financial assistance.

I affirm that the above is correct and true, and that I have not intentionally omitted any data.

Signature _____ Signature _____ Date _____



MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent	\$ _____
Property taxes	\$ _____
Utilities	\$ _____
Telephone	\$ _____
Food	\$ _____
Meals outside home	\$ _____
Maintenance/Repairs	\$ _____

AUTOMOBILE

Gasoline	\$ _____
Repairs	\$ _____
Insurance	\$ _____

INSURANCE

Medical/Dental	\$ _____
Child(ren)'s Medical/Dental	\$ _____
Life	\$ _____
Other	\$ _____

OTHER EXPENSES NOT LISTED ABOVE

Clothing	\$ _____
Grooming	\$ _____
Entertainment	\$ _____
Gifts	\$ _____
Other	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____