***General Assembly Academy***

**FINANCIAL AID APPLICATION**

**School Year -**

|  |  |  |
| --- | --- | --- |
| **Student Name** | **Age** | **Foster Child? (Y or N)** |
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|  |  |  |

**Is your family currently receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Families First?** [ ]  No [ ]  Yes (skip questions about yearly income for household)

**Please list all yearly income for each member of your household:**

*[to calculate yearly income, multiply weekly income by 52, bi-weekly (every 2 weeks) income by 26,*

*semi-monthly income (twice per month) by 24, and monthly income by 12]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of All****Household Members** *(excluding students listed above)* | **Work Earnings** *(before deductions)* | **Other Income** *(Child Support, Alimony, etc.)* | **Payment Rcvd.***(Pensions, Retirement, Social Security)* |
|  |  |  |  |
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|  |  |  |  |

**Total Number of Household Members** (including students):

**Total Yearly Income for All Members**: $

**Parent Signature:** **Date:**

**For Office Use Only**

Form reviewed by: Date:

[ ]  5 % [ ]  10% [ ]  15%