



Samara Learning Center Financial Aid/Scholarship Application

Date: _____

STUDENT INFORMATION

Child's name: _____ Age: _____ Gender: _____
Date of Birth: _____ Grade Entering _____ 529 Savings _____
Social Security Income _____ Child Trust _____
Name of person(s) with whom child lives (if not parents): _____
Relationship to applicant: _____

Ethnicity (Optional): White African American Asian American Latino/Hispanic
Indian American Other Decline to state

Application completed by: _____ Relationship to child: _____

PARENT/GUARDIAN INFORMATION

Parent or Guardian name: _____ Gender: _____ Date of Birth: _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____ e-mail _____
Country _____ Home phone: _____ Cell: _____
Employer: _____ Work phone: _____
Disabled: Yes No Annual Income _____

Parent or Guardian name: _____ Home phone: _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____ e-mail _____
Employer: _____ Work phone: _____
Disabled yes no Annual Income _____

OTHER INCOME: Income other than listed above (business income, dividend/interest, real estate, trust/inheritance, alimony, child support, etc.) _____

If you want to explain any entries in this section, please explain here:

EXPENSE INFORMATION

Housing: Rent _____ Mortgage Payment _____
Mortgage Interest Paid _____
Is homeowner's insurance included in mortgage payment yes no Homeowner's Insurance _____
Original Mortgage Value _____ Year purchased _____ Purchase Price _____
Present Market Value _____ Have you refinanced yes no Year:- _____
Refinance amount _____ Principal Remaining _____
Property Tax Paid _____ Is your property tax included in your mortgage? Yes No
Vehicle Make/Model _____ Year _____ Estimated Value _____
Is your vehicle leased: Yes No
Debt Outstanding _____ Payment (monthly) _____
Auto Insurance _____ Health Insurance _____ Utilities _____
Life Insurance _____ Federal Taxes _____ State/County/City Taxes _____

Ongoing Medical Expenses (explain)

DEPENDENTS

Child 1.) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Gender _____
Present Grade _____ Present School _____
Is there tuition: Yes No Amount \$ _____ Do you receive aid or scholarship? Yes No
Amount \$ _____

2.) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Gender _____
Present Grade _____ Present School _____ Is there tuition: Yes No
Amount \$ _____ Do you receive aid or scholarship? Yes No Amount \$ _____

3.) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Gender _____
Present Grade _____ Present School _____ Is there tuition: Yes No
Amount \$ _____ Do you receive aid or scholarship? Yes No Amount \$ _____

4) Dependent Child not including applicant (ex. Brothers, sisters, step...)

Name _____ Date of Birth _____ Gender _____
Present Grade _____ Present School _____ Is there tuition: Yes No
Amount \$ _____ Do you receive aid or scholarship? Yes No Amount \$ _____



Adult Dependent Name _____ Relationship _____
Contributions to household _____ Does this dependent attend school? Yes No
Tuition amount _____

OTHER INFORMATION

Other information relevant to consideration of financial aid/scholarship eligibility

We welcome and encourage diversity. Our services are available to all who need them, without regard to ethnic background, race, color, creed, sex, sexual orientation, socio-economic status, national origin, non-disqualifying disability or religion. Please sign and date to signify that you agree that the information you provided is accurate to your knowledge.

Parent/guardian signature _____ Date _____