



Oak Hall Summer Program
8009 SW 14th Ave
Gainesville, FL 32607
352-332-3609



Oak Hall Summer Program 2017 Financial Assistance Request Form

Please also attach a copy of your most recent tax return, copies of 2016 W-2 forms,
and copies of most recent pay stubs.

1. Student applicant's name: _____
Last First M.I.
2. Student applicant's address:
Number and Street _____
City _____
State and Zip Code _____
3. Guardian E-mail: _____
4. Student applicant's sex: Male Female
5. Student applicant's date of birth: _____
6. Student applicant's grade for 2017-2018: _____
7. School the student applicant currently attends: _____
8. Is the school named on line seven charging tuition? Yes No
8A. If yes, please indicate total annual cost. \$ _____
9. Do/will you receive financial assistance from student applicant's school? Yes No
9A. If yes, indicate percentage of financial aid _____% and dollar amount \$ _____
10. Student applicant lives with (check all that apply):
 Father Mother Stepfather Stepmother
 Male Guardian Female Guardian
11. Check all that apply to the parents, stepparents, or guardians completing this form:
 Parents Separated Parents Divorced Single Parent
 Male Disabled Female Disabled

(Please indicate which is the billing address)

12. Guardian 1:

Indicate relationship:_____

Name:_____

Home Address:_____

Home phone:_____

Occupation:_____

Employer:_____

Full Time Part Time

Work Phone:_____

13. Guardian 2:

Indicate relationship:_____

Name:_____

Home Address:_____

Home phone:_____

Occupation:_____

Employer:_____

Full Time Part Time

Work Phone:_____

14. If parents are separated or divorced, please provide the following information about non-custodial parent.

Full Name:_____

Home Address:_____

Home Telephone Number:_____

Work Telephone Number:_____

15. How many CHILDREN reside in your home and/or receive financial support from you?___

16. For which session(s) and program(s) are you requesting financial assistance?_____

17. Total program cost for line #16. \$ _____

18. How much of the total program cost (line #17) can you afford to contribute?

Note: Applications will not be processed if this is left blank. You can put an overall amount or a per week amount, please indicate though (e.g. \$500 total or \$200/week, etc.) \$ _____

19. Parents/Guardians' income and expenses.

Income
Gross monthly income:
Take home pay:
Other monthly income:
Assets: (bank accounts, investments, trust funds, etc.):
Expenses
Monthly mortgage/rent:
Monthly vehicle payments:
Monthly household:
Monthly health/life/property insurance:
Monthly medical/dental (not covered by insurance):
Monthly childcare:
Monthly educational expenses:
Monthly personal indebtedness:
Monthly consumer indebtedness:
Monthly other:

20. Please use a separate piece of paper to explain any information or unusual circumstances that you would like us to know. Oak Hall Summer Program admits students of any race, color, national and ethnic origin and does not discriminate on the basis of race, color, national or ethnic origin.

We declare that the information reported on this form is true and complete to the best of our knowledge and belief. We understand that sponsorship to Oak Hall Summer Program is limited and based on space availability within any given program and that sponsorship decisions are made by the Oak Hall Summer Program Sponsorship committee. We also understand that Oak Hall Summer Program reserves the right to deny any sponsorship and that completing this form does not guarantee or entitle the student applicant to sponsorship from Oak Hall Summer Program.

Signature of Guardian 1

Signature of Guardian 2

Date

Date