



Oak Hall Summer Program
1700 SW 75th St
Gainesville, FL 32607
352-332-3609



Oak Hall Summer Program 2025 Financial Assistance Request Form

Please also attach a copy of your most recent tax return, copies of 2024 W-2 forms,
and copies of most recent pay stubs.

1. Student applicant's name: _____
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 2025-2026: _____
7. School the student applicant currently attends: _____
8. Is the school named on line seven charging tuition? _____ Yes _____ No
9. Do/will you receive financial assistance from student applicant's school?
_____ Yes _____ No
 - a. 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 of 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 _____

Date _____

Signature of Guardian 2 _____

Date _____