## Financial Assistance Scholarships - Due May 15th

Financial assistance scholarships are made available to individuals and families who are not able to pay the full cost of tuition. Your child's tuition will be determined by AUMC's eligibility rating system. Financial assistance scholarships will be allocated to the greatest number of individuals as funds permit on a first come, first serve basis. Financial assistance scholarships are not continuous; therefore, you will be required to complete a new application and submit the requested paperwork prior to the beginning of the next school year.

## All information provided on this application and all supporting documentation submitted will be held in the strictest confidence.

(Please Print)									
PARENT INFORMATION									
Last Name:		First:		Middle:	☐ Mr. ☐ Miss		Ma	Marital status (circle one)	
Child(ren)'s Name(s):					☐ Mrs.	☐ Ms.	Sin	gle / Mar / Div / Sep / Wid	
Home Address:				Home Phone:	e Phone: ( )			Cell Phone: ( )	
City:				State: Z			ZIF	Code:	
Name of Employer:				Occupation:					
Employer Address:				Work Phone: ( )					
City:				State: ZIP			Code:		
If unemployed, please exp	lain:								
Are you a student? ☐ Yes ☐ No				Are you legally disabled? ☐ Yes ☐ No					
SPOUSE INFORMATION									
Is your spouse									
employed? ☐ Yes ☐ No	Last Name:		Fire	First:			Middle:		
Name of Employer:			Occupat	pation:			Work P	Work Phone: ( )	
Employer Address:				City:		State:		ZIP Code:	
Is your spouse a student? ☐ Yes ☐ No				Is your spouse legally disabled? ☐ Yes ☐ No					
		INCOME AN	ID EXP	PENSE INF	ORMAT	ION			
MONTHLY GROSS INCO									
(Income is money from an Your Monthly Gross Inc									
Tour Monthly Gross McGine.		Spouse's Monthly Gross Inco		, <b>,</b> ,					
OTHER HOUSEHOLD MEMBERS:									
Name: Relation		Relationship	p:		Age:			Employer/School:	

PLEASE READ AND SIGN BELOW:							
I certify under penalty of perjury that all the information provided above is are a true representation of my financial circumstance. If required, I agree assistance scholarship. I understand that Aldersgate UMC tries to award finextent that funds are available.	to provide additional documentation	to verify my need for a financial					
Applicant's Signature: Date:							
Please attach the following:  1. Copies of your latest Federal and State tax return 2. Copies of all W-2 forms for the current year 3. Your 2 most recent pay stubs 4. Copies of any other supporting documentation you feel will aid us in e	valuation your application						
Received by:	ate:Tin	ne:					
Aldersgate UMC Non-Discriminatory Policy  AUMC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of it's education, policies, admissions policies, scholarship, and financial aid programs, and athletic and other school administrated programs							
OFFICE USE ONLY:							
Amount of scholarship approved for:							
\$/month:	\$/total amount:						
Approval Signatures:		Date:					
Approval Signatures:		Date:					