

Financial Aid Application

Student Name:			
Address:			
Audress.			
School:			Grade:
Phone:			
Class Information: Please list t	he class(es) or camp((s) that your child will be att	ending.
		(5) that your office will be att	.onang.
Parent/Guardian Information:			
Address (if different from stude	ent):		
Phone:	Email:		
Job Type:	Employer:		
What is your total		Would a partial scholars	L ship be helpful?
monthly household		Yes No	
income? (This information is kept confidential):			
		If you can afford tuition, how much can	
		you afford?	
Do you or anyone in your famil			
of government assistance?	Yes No		
Signed:			

I hereby acknowledge that all information is accurate, to the best of my knowledge.

I understand that I am applying for a scholarship and that the GET Staff will determine whether I meet the qualifications for an award and the amount of tuition assistance. No guarantee of reduced tuition is promised or implied.



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Please tell us why this scholarship will be helpful and what you and your child hope to gain from this experience: