

KCA Financial Aid Application

INSTRUCTIONS

Please ensure your application is legible, accurate and completed in its entirety. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** Completion of the application does not guarantee that assistance will be awarded. Please keep in mind, financial aid resources are limited, so please be honest about the amount of assistance needed.

STUDENT INFORMATION:

Student's Name (Last, First, Middle initial): _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Gender: Female Male Grade: _____

HOUSEHOLD INFORMATION:

Parents' marital status: single married divorced legally separated widowed

• If divorced, who is the custodial parent? _____

Father's Information:

Occupation: _____

Full-Time Part-Time Self-Employed

Employer Name/Address: _____

Father's Annual Salary: \$ _____

OTHER INCOME: \$ _____ Source(s) _____

TOTAL FAMILY INCOME: \$ _____

ADDITION INFORMATION:

Monthly rental/mortgage payment: \$ _____ Size of household: _____ Total # of dependents: _____

Amount of additional necessary expenses: \$ _____

ADDITIONAL EDUCATION EXPENSES:

Please list the total Number of children in educational setting in which you must provide financial support, list child's name and the school (ie... other students in KCA, college, private school. Do not include if the student is on a scholarship) _____

Student's Name

School

Grade Level

Student's Name

School

Grade Level

KCA Financial Aid Application

Have you contacted any other funding sources in your community? ____ NO ____ YES

Please, list the names of those people or organizations and the amount, if any, they have pledged.

Briefly explain the reason for your hardship/need:

Do you foresee this need to be: Temporary: _____ Long term: _____

CERTIFICATION:

I certify that the information furnished on this form is complete and accurate and to the best of my knowledge. I also understand that part of the application process is verification of information and I may be asked to provide such information as proof of income. I understand and agree that if any information submitted on or in connection with this application is untrue or falsified, that the financial aid will either be denied or revoked and it will be my responsible to repay any amounts awarded.

I understand that completion of this application does not guarantee assistance will be awarded, and I must continue to make my payments until I'm notified in writing on final determination on assistance.

Signature of Parent/Guardian

Print Name

Signature of Parent/Guardian

Print Name