

ACADEMY FOR CREATIVE ENRICHMENT
FINANCIAL AID

All figures given should be monthly

	Applicant	Co-Applicant
Name		
Full Address		
Telephone (home & cell)		
Social Security #		
List everyone in household:		
INCOME (gross monthly amount)		
Dividends (CD's, IRA, Mutuals,)		
Other Income (alimony, child support, rental, etc)		
TOTAL INCOME		
EXPENSES: (*Proof may be required*)		
Rent/Mortgage		
Automobile		
Utilities: (gas, electric, propane, water)		
Telephone: (home, cell)		
Cable: (internet, television)		
Waste		
Tuitions		

Credit Cards		
Other Loans		
Transportation/Gas		
Food		
Clothing/Cleaning		
Other Expenses:		
Administrative Worksheet:		

Have you applied for State Assistance (Purchase of Care)?

? Yes

? No

? I don't know what that is.

All information provided above is true to the best of my knowledge. I am able to provide information to verify the above information if necessary.

Applicant Signature

Date

Co-Applicant Signature

Date