



FINANCIAL AID APPLICATION

Women's Audio Mission strives to make our summer programs available to as many girls as possible. If your student requires financial assistance in order to attend please complete this application and submit it with your application package. We grant assistance based on need and the number of students applying. This information is confidential and is not shared.

Student Information:

Name: Last _____ First _____

Parent/Guardian Information:

Name: Last _____ First _____

Relationship _____

Financial Assistance Information:

How many dependents, excluding applicant, are in your family? _____

Does the student participate in the free or reduced lunch program? Yes No

Are you a single income family? Yes No

What is the annual gross income of your family? _____

How much can you contribute towards this student's tuition? _____

Please describe any other factors regarding your situation that you think we should know when considering your application for needs-based support: _____

We authorize that the information provided in this application is accurate. An application without a parent/guardian signature is void.

Parent/Guardian Signature : _____ Date _____