

**APPLICATION FOR FINANCIAL AID**

**CONFIDENTIAL**

Date\_\_\_\_\_

Child's Name\_\_\_\_\_

Parent's Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Email address\_\_\_\_\_

Children in the family and their ages\_\_\_\_\_

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Total gross family income (yearly)\_\_\_\_\_

Reason for applying for financial aid\_\_\_\_\_

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Who could confirm your current need for assistance? Please include the name of a current or previous employer, doctor or pastor so that we may contact them\_\_\_\_\_

Further comments or information that you want us to know that you think would be helpful\_\_\_\_\_

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***Please attach a copy of your latest W2 form for our records.***

***Please call 763-473-9656 if you have any questions. You will be notified in June if your application has been approved.***

Sincerely,

**Son-Shine Corner Board of Directors**