

APPLICATION FOR FINANCIAL AID

CONFIDENTIAL

Date_____

Child's Name_____

Parent's Name_____

Address_____

Phone Number_____

Email address_____

Children in the family and their ages_____

Total gross family income (yearly)_____

Reason for applying for financial aid_____

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_____

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