



CONFIDENTIAL
Application for Financial Aid

Date _____ School Year Applying for Aid _____

Child Name _____

Parent Name _____

Address _____

Phone Number _____

Email _____

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

Call 763-473-9656 if you have any questions. You will be notified when your application has been approved.

Sincerely,

Son-Shine Corner Board of Directors