

**HOLLY SHORES FIELD HOCKEY ACADEMY**

**Financial Aid Application**

This form must be post marked prior to February 1, 2009 in order to be considered.

Directions: Please answer all questions below. **The student, herself must attach a personal letter explaining why she wants this scholarship.**

**Applicant:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending \_\_\_\_\_

Permanent Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Parent or Guardian:**

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Father's Occupation/Employer \_\_\_\_\_ Mother's Occupation/Employer \_\_\_\_\_

**Annual Income and Expenses** (As reported on last Federal Income Tax Return of Parents/Guardian)

\$ \_\_\_\_\_ Annual income before taxes \$ \_\_\_\_\_ Emergency expenses (medical, etc.)

\$ \_\_\_\_\_ Additional annual income (interest, dividends, gifts, etc.) \$ \_\_\_\_\_ Taxes (Federal, State & Social Security)

\$ \_\_\_\_\_ Total Income \$ \_\_\_\_\_ Other Expenses

\$ \_\_\_\_\_ Total Expenses

**Other Information:**

Please list all automobiles owned by you and your family:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \_\_\_\_\_ Registered Owner \_\_\_\_\_

Market value of house and other real esta \$ \_\_\_\_\_ Monthly rent/payment: \$ \_\_\_\_\_

Type and amount of any outstanding loan \$ \_\_\_\_\_

Face value of all other assets (stocks, investments, bank accounts, etc.) \_\_\_\_\_

**Children in your family:**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ School/College \_\_\_\_\_ Annual Amount of School Costs Paid \_\_\_\_\_ Financial Aid Received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AMOUNT OF AID REQUESTED:** \$ \_\_\_\_\_

ON A SEPARATE SHEET YOU MUST EXPLAIN YOUR SITUATION AND ANY EXPENSES OR CIRCUMSTANCES THAT YOU FEEL SHOULD BE KNOWN TO THE SCHOLARSHIP COMMITTEE.

**Mail all information to: Holly Shores Field Hockey Academy, P.O. Box 554, Marlton, NJ 08053**

**(WE) DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE.**

Applicant's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

(if applicant is under 18)

Date \_\_\_\_\_

Date \_\_\_\_\_