

**HOLLY SHORES FIELD HOCKEY ACADEMY
Financial Aid Application**

This form must be post marked prior to February 1, 2012 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 _____
 Telephone () _____ Telephone () _____

Parent or Guardian:
 Father's Name: _____ Mother's Name _____
 Street Address _____ Street Address _____
 City _____ State _____ Zip Code _____ City _____ State _____
 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 Secur
\$ _____ 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 estate: \$ _____ Monthly rent/payment: \$ _____
 Type and amount of any outstanding loans: \$ _____
 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____
 Date _____ Date _____ (if applicant is under 18)

Zip Code

Zip Code

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Received

