

Financial Aid Application

Student Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Please Note: All information provided will be held strictly confidential. It will be viewed only by the members of Steps' Financial Aid Committee in compliance with all privacy protection rules of the state of New York, and used only for the purpose of determining eligibility status. **Due to budget limitations, approved eligibility status does not guarantee financial aid will be awarded.**

REQUIRED FINANCIAL INFORMATION

You must include forms for all parties that are responsible for payment.

1. Most Recent Form 1040 Income Tax
2. Schedule C (Form 1040) *if applicable
3. Schedule E (Form 1040) *if applicable
4. Latest mortgage or rent payment receipt

PERSONAL INFORMATION

How many total people are in your household? _____

How many hours per week are you expecting to enroll in? _____

What is the requested amount of financial aid for which you are applying? _____

I/We declare the information provided for this application is accurate and complete to the best of my/our knowledge. I/We understand that if any information/documentation is found to be false, the application will be denied or if awarded, Financial Aid money may be revoked and I/we will be responsible for reimbursing Steps for any money that was awarded/used.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date