

Student Name: _____

NAD ID# _____ (office use only)



**Advent
Ridge
Academy**

1523 Old Ranch Road 12
San Marcos, TX 78666
Ph. 512.392.9475 Fax. 512.392.2693

STUDENT AID REQUEST

Request Due July 15th

Today's Date: ____/____/____

FAMILY INFORMATION

Parent(s) Names: _____

Student(s): _____

- | | | | |
|----------------|--------------|---|---|
| 1. Name: _____ | Grade: _____ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Lives at Home: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Name: _____ | Grade: _____ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Lives at Home: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Name: _____ | Grade: _____ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Lives at Home: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Name: _____ | Grade: _____ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Lives at Home: <input type="checkbox"/> Yes <input type="checkbox"/> No |

PARENT EMPLOYMENT

Father: Employer: _____ Hire Date: _____
Monthly income: _____ Are you on commission? _____

Mother: Employer: _____ Hire Date: _____
Monthly income: _____ Are you on commission? _____

Other Monthly Income: Child Support: _____ Social Security: _____
Veterans: _____ Other: _____

Monthly Total of Parent and Other Income: _____

Do you have a savings account? _____ If yes, how much? _____

***Please admit this form with your student application.*

***Please use attached worksheet to figure your monthly expenses and monthly amount you can pay.*

Total amount that Parent(s) will pay each month: _____

Parent(s) additional comments or appeal (you may attach another sheet if needed): _____

We understand that:

- Failure to keep this account paid in accordance with the above agreement by the due date of each month automatically cancels the student aid unless special arrangements are made in writing and approved by the Principal or Treasurer.
- Accounts must be current to apply for financial aid.
- Signatures on this application give permission for the Student Aid Committee to review student transcripts and attendance records.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Projected Expenses

<u>Living Expenses</u>	<u>Monthly Amount</u>	<u>Other Installment and Credit Card Payments</u>	<u>Monthly Amount</u>
Housing	\$		\$
Insurance	\$		\$
Home Taxes	\$		\$
Food	\$		\$
Clothing	\$		\$
Car Payment	\$		\$
Gasoline	\$	Other Expenses:	
Car Insurance	\$		\$
Electricity	\$		\$
Telephone	\$		\$
Water	\$		\$
Cable	\$		\$
Column Total:	\$		Column Total: \$

Monthly Income: \$

Total Expenses: \$