

Life After School
Financial Aid Request Form

Date: _____

Parent Identification

Name:

Address:

Phone Number:

Birth Date:

Marital Status:

Name Of Spouse (If Married):

Children Living in your home (and ages):

Occupation:

Business Phone:

LAS Student Information:

Student Name(s):

Grade(s):

School Attending:

Assistance Requesting:

Specifically, how much financial help are you requesting from LAS?

Is this a one-time request, or might you need more assistance later?

Time period for request?

Income Information:

Source and amount of financial income you have from work:

Other income (source and amount)

Source and amount of other financial assistance you receive:

Total Income

Expenses:

Estimate of total expenses per month:

Housing Costs:

Utilities:

Food:

Transportation:

Medicine:

Other (please specify):

Total Expenses

What problem(s) have required you to ask for help?

What have you done to address the problem(s)?

