



FINANCIAL AID APPLICATION

Student's name: _____ School Year: _____

The financial assistance application is an optional part of the enrollment process. Families interested in financial assistance must submit the following documents. The Texas Hearing Institute will review these documents to determine eligibility. Please check off all documents you are submitting with your application:

- | | |
|---|--|
| <input type="checkbox"/> Financial Assistance Application | <input type="checkbox"/> SNAP, Lone Star, and TANF Letters |
| <input type="checkbox"/> 2021 Income Tax Return | <input type="checkbox"/> Social Security Income Letter for the Melinda Webb School candidate |
| <input type="checkbox"/> W2 and 1099 forms | <input type="checkbox"/> Child Support Decree for the Melinda Webb School candidate |
| <input type="checkbox"/> <u>Three consecutive</u> paycheck stubs | <input type="checkbox"/> Documentation of additional income sources |
| <input type="checkbox"/> <u>Three consecutive</u> monthly bank deposit statements | |

PARENT AGREEMENT

Please initial all items below

_____ I certify that all information on this application is true and complete. Intentionally providing false, inaccurate or incomplete data may affect our ability to receive financial aid.

_____ If asked by *Texas Hearing Institute*, I agree to provide documentation for information given on this form.

_____ I understand that failure to comply with a request for further information may prevent the applicant from receiving any aid.

_____ I give *Texas Hearing Institute*, any other investigative agency employed by the Institute to investigate the information listed herein, or statements of other data obtained from me or from any other person pertaining to my financial responsibility.

_____ I am required to report any change in my financial status to *Texas Hearing Institute*. Failure to notify the Institute of any such changes will invalidate the Institute's offer of financial aid, and may result in additional charges.

_____ I understand that financial assistance is short-term and will be reviewed annually.

_____ Scholarship information is private and confidential. Breach of confidentiality about scholarship funding may result in discontinuation of that funding.

SIGNATURE

DATE

SOURCES OF INCOME:

Estimated Annual adjusted gross income for 2022: \$ _____

Parent #1 Please provide all financial information below

Name: _____ Relationship to student: _____

Work Status: Part Time Full Time Unemployed

Occupation: _____ Employer: _____

Contact Person's Name: _____ Phone number: _____

Salary: \$ _____ Hourly Yearly Weekly Hours: _____

Parents' highest level of education: High school Trade school Associate's degree

Bachelor's degree Master's degree Doctorate

Parents' status: single married separated divorced widowed cohabitating

If unemployed, monthly unemployment amount \$ _____

How long unemployed? _____ Unemployment remaining: _____

Parent #2 Please provide all financial information below *If you do not wish to share Parent #2's information, please provide legal papers providing custodial rights.*

Name: _____ Relationship to student: _____

Work Status: Part Time Full Time Unemployed

Occupation: _____ Employer: _____

Contact Person's Name: _____ Phone number: _____

Salary: \$ _____ Hourly Yearly Weekly Hours: _____

Parents' highest level of education: High school Trade school Associate's degree

Bachelor's degree Master's degree Doctorate

Parents' status: single married separated divorced widowed cohabitating

If unemployed, monthly unemployment amount \$ _____

How long unemployed? _____ Unemployment remaining: _____

ADDITIONAL INCOME:

Does your child receive SSI? Yes No If yes, what is the SSI monthly amount \$ _____

Does your child receive Child Support? Yes No

If yes, how much do they receive? \$ _____ monthly yearly

Do you have other children that receive child support? Yes No

Do you receive Spousal Support? Yes No

If yes, how much do you receive? \$ _____ monthly yearly

Private retirement benefits \$ _____ Private disability income \$ _____

Worker's Compensation \$ _____ Military allotments \$ _____

Benefits from the federal or state government (Food stamps, Aid to Dependent Children, etc.)
\$ _____ please specify the benefit (Food stamps or etc.): _____

Case Worker Name: _____ Phone number: _____

Governmental Housing Subsidy \$ _____

Is anyone assisting you with living expenses? Yes No

If yes, how much? \$ _____ month year

Please specify if you are requesting financial assistance for our Extended Experience Programs:

Rise & Shine \$100 (7 AM – 8 AM) Later Gator \$150 (3 PM – 6 PM) Not needed

Please list any additional information you would like to add:

Family Members in Household:

List all persons living in the home:

1. _____ Relationship: _____ Age: _____
2. _____ Relationship: _____ Age: _____
3. _____ Relationship: _____ Age: _____
4. _____ Relationship: _____ Age: _____
5. _____ Relationship: _____ Age: _____
6. _____ Relationship: _____ Age: _____
7. _____ Relationship: _____ Age: _____
8. _____ Relationship: _____ Age: _____

Income of other wage earners living in household \$ _____ month year