

Financial Scholarship Application

2022-2023

All questions must be answered. If not applicable, please enter zero.

Student(s)' Name(s)		Date
Parent(s)' Name(s)		Phone
Address	City	Zip
Grade student(s) will be entering fall 2022		
HOUSEHOLD INFORMATION: Note: Complete the following questions using data pertaining data for the parent with whom this dependent lives for the greatepparent. Depending on individual circumstances, all or partiald.	ater part of the year. If	that parent is remarried, include data fo
Household size: (Include dependents claimed on pa	arent's income tax r	eturn.)
Number of children attending SMV	Other schools	
Parent(s) Marital Status	_ (Married, Single,	Divorced, Widowed)
Estimated monthly household expenses \$		
Elementary and secondary school tuition paid in 20.	21-22 \$	
Number of family members who will be enrolled in c	college at least halft	ime in 2021-22
Parent(s)' projected income for 2022 \$		
Do you expect to receive financial aid from any other	er source?	If yes, how much?
Please estimate the amount of financial assistance	you hope to receive	9
Please include a copy of first page only of 20 Forms will not be process		
Parent's Signature	Da	te
Parent completing this form must be legally responsible fo student(s)' educational costs.	or the student(s) named	and thus, financially responsible for the

- Please be aware that if at any time this/these student(s)' accounts are not kept current according to the agreed upon payment plan, any financial aid offered may be discontinued.
- On the back of this sheet, please explain any special circumstances relating to any answer.

This form cannot be processed until the school has received your completed registration packet and registration fee.

PLEASE RETURN USING THE ATTACHED CONFIDENTIAL ENVELOPE, or A PLAIN ENVELOPE TO THE ATTENTION OF MRS. SCHLOSSER, She will be in contact with you.

Special Circumstances

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