



Family Scholarship Application

Please use this form to apply for a scholarship based on financial needs and other special circumstances. Attach it to the Student Application, which includes all necessary contact and student information.

Date _____

Father's Name _____
Last First Middle

Mother's Name _____
Last First Middle

Student Name(s) _____

Father's Date of Birth _____ SSN _____

Father's Current Employer _____

Employer Address _____
Street City State Zip

Company's Main Number (____) _____ Title or Position _____

Mother's Date of Birth _____ SSN _____

Mother's Current Employer _____

Employer Address _____
Street City State Zip

Company's Main Number (____) _____ Title or Position _____

Other part-time employment? Please describe. _____

Financial Information

Please attach a complete copy of your most recent Federal Income Tax return for both parents, including copies of W-2 statements.

Annual Income

\$ _____

Other Annual Income (if applicable):

Social Security Benefits \$ _____

Child Support \$ _____

Living Allowances (housing, food, etc.) \$ _____

Other (explain: _____) \$ _____

Total Additional Income \$ _____

Other Annual Expenses (if applicable):

Un-reimbursed Medical/Dental \$ _____

K-12 Educational Tuition \$ _____

College Tuition \$ _____

Total Additional Expenses \$ _____

Assets (list current value):

Checking and Savings \$ _____

Automobiles _____ \$ _____

(Year, Make, Model) _____ \$ _____

Home \$ _____

Land \$ _____

Business \$ _____

Rental Property \$ _____

Other Investments (do not include IRA or Keogh accounts) \$ _____

Total Assets \$ _____

Debts (list current balance):

Credit accounts \$ _____

Automobile loan(s) \$ _____

Home Mortgage \$ _____

Other \$ _____

Total Debts \$ _____

If you are requesting that additional circumstances be weighed in the scholarship decision, please attach a letter of explanation.

Certification

The information in this application is true and complete to the best of my knowledge. I agree to provide additional proof of the information if asked by Live Oak Academy. I realize that failure to provide requested proof may prevent the granting of aid.

I understand that Live Oak Academy will make its best effort to keep this information private and confidential.

I understand that Live Oak Academy does not discriminate on the basis of sex, race, color, racial or ethnic origin.

Parent (or Guardian) Signature

Date

Parent (or Guardian) Signature

Date

Please send this form with the Student Enrollment Form and deposit to:

Live Oak Academy
4960 Almaden Expressway, #254
San Jose, CA 95118