



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

M.I.

Mother's Name _____

Last

First

M.I.

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

1. Attach a written description of your financial situation that provides context to the numbers you provide below. Be open and direct! Write as if you were speaking directly to the Scholarship Committee.
2. Attach a complete copy of your most recent Federal Income Tax return for both parents, including copies of W-2 statements.
3. Complete the following:

| | |
|--|-------------|
| Income | |
| Annual Gross Income (from W-2) | \$ _____ |
| Other Annual Income (if applicable and not represented on tax forms) | |
| Social Security Benefits | \$ _____ |
| Child Support | \$ _____ |
| Living Allowances (housing, food, etc.) | \$ _____ |
| Other (Provide explanation) | |
| 1. | 1. \$ _____ |
| 2. | 2. \$ _____ |
| Total "Other" Annual Income | \$ _____ |
| Expenses | |
| Un-reimbursed Medical/Dental | \$ _____ |
| K-12 Educational Tuition | \$ _____ |
| College Tuition | \$ _____ |
| Rent | \$ _____ |
| Other (Provide explanation) | |
| 1. | 1. \$ _____ |
| 2. | 2. \$ _____ |
| Total Annual Expenses | \$ _____ |
| Assets (Provide current values) | |
| Checking Account(s) | \$ _____ |
| Savings Account(s) | \$ _____ |
| Automobiles (Provide Year/Make/Model) | |
| 1. | 1. \$ _____ |
| 2. | 2. \$ _____ |
| Home | \$ _____ |
| Land | \$ _____ |
| Rental Property | \$ _____ |
| Other Investments (do not include IRA or Keogh accounts) | \$ _____ |
| Total Assets | \$ _____ |
| Debts | |
| Credit card(s) – total amount owed | \$ _____ |
| Automobile loan(s) – total amount owed | \$ _____ |
| Monthly payment = \$ _____ | |
| Home Mortgage – total amount owed | \$ _____ |
| Monthly payment = \$ _____ | |
| Other (Provide explanation) | \$ _____ |
| Total Debts | \$ _____ |

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 bring the Family Scholarship Application and the Student Application (with all required attachments) to:

Academy Office: Live Oak Academy
 2499 Homestead Road
 Santa Clara, CA

OR

Mail to:

Live Oak Academy
2784 Homestead Road, #141
Santa Clara, CA 95051