



Family Scholarship Application

Please use this form to apply for a scholarship based on financial needs and other special circumstances.

Date _____

Father's Name _____
Last First M.I.

Mother's Name _____
Last First M.I.

Student Name(s) _____

Father's Current Employer _____

Employer Address _____
Street City State Zip

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

Mother's Current Employer _____

Employer Address _____
Street City State Zip

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

Other part-time employment? Please describe.

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)

Date

Parent (or Guardian)

Date

Please submit the Family Scholarship Application 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

OR

Email the completed form to scholarships@liveoakacademy.org.

If you have questions, please email scholarships@liveoakacademy.org or call 408-335-9183.