

## Eliot School Scholarship /Financial Aid Form (Adult/teen/child)

- We are pleased to offer scholarships to low-income students. Priority is given to children attending BPS school with preference for those attending one of our partnership schools. Spaces are limited – first come, first served.
- We offer a very limited number of scholarships to adult students and they must contribute some amount towards the cost of tuition. Please determine what you can reasonably afford to pay.
- Each scholarship student must pay a **\$25 non-refundable materials fee** upon confirmation of enrollment.
- All Eliot School enrollment policies apply regarding withdrawal, refunds, cancellations, etc. Please, visit our website for details.

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender:  M  F Race/Ethnicity: \_\_\_\_\_  
 Please check:  Child  Adult  Senior (over 65)

### Address

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**(Complete this section if student is a child or teen)**

### Primary Parent/Guardian/Agency Contact (if scholarship/financial aid request is for a child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Secondary Parent/Guardian/Agency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Income Information (Required)

Employment Status: \_\_\_\_\_ Number of Children or Dependents: \_\_\_\_\_  
 Annual Household Income (attach first two pages of latest tax return): \_\_\_\_\_  
 Federal/State Assistance (attach supporting documentation): \_\_\_\_\_

### Income Guidelines – Based on household size

Household Size		Household Size	
1	\$21,978	5	\$52,614
2	\$29,637	6	\$60,273
3	\$37,296	7	\$67,951
4	\$44,955	8	\$75,647

### Supporting Documentation

Day Care Voucher	WIC
Food Stamps	SSDI
General Assistance	SSI
Medicaid	TANF
VA Compensation	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For staff use only:

Date received: \_\_\_\_\_

Approved date: \_\_\_\_\_