



FINANCIAL AID APPLICATION

- 1. Student's name _____ Age _____
- 2. Student's name _____ Age _____
- 3. Student's name _____ Age _____
- 4. Student's name _____ Age _____

PARENT/GUARDIAN _____

RELATION TO STUDENT _____

ADDRESS _____ CITY _____ ZIP CODE _____

TELEPHONE (home) _____ TELEPHONE (work) _____

CELLULAR PHONE _____ PAGER _____

PLACE OF EMPLOYMENT _____

EMPLOYER ADDRESS _____

SOURCE OF INCOME:

- Wages
- State of CT Subsidy
- Social Security
- Other (specify)

TOTAL adjusted gross income (from last year's income tax return) _____

TOTAL number of claimed dependents ____ TOTAL number of family members ____

PLEASE ENCLOSE:

- Last year's federal income tax return, or
- Other verification of income

NO STUDENT WILL BE ALLOWED TO START THE PROGRAM UNTIL THE REGISTRATION FEE HAS BEEN PAID AND THE FINANCIAL OBLIGATION HAS BEEN DETERMINED.

The MACH financial aid committee may request further information in order to better assess your application.

SIGNATURE: _____ DATE: _____
(individual financially responsible for student)

APPROVED FINANCIAL AID AMOUNT: \$ _____

Scholarship approved by: _____ Date: _____

Finance Department