

Student Name: _____

NAD ID# _____ (office use only)



ADVENT RIDGE ACADEMY

STUDENT AID REQUEST

Request Due July 15th

1523 Old Ranch Road 12
San Marcos, TX 78666
Ph. 512.392.9475 Fax. 512.392.2693
ara@adventridge.org

Today's Date: ____/____/____

FAMILY INFORMATION

Parent(s) Names: _____

Student(s):

1. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No
2. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No
3. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No
4. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No

PARENT EMPLOYMENT

Father: **Employer:** _____ **Hire Date:** _____
Monthly income: _____ **Are you on commission?** _____

Mother: **Employer:** _____ **Hire Date:** _____
Monthly income: _____ **Are you on commission?** _____

Other Monthly Income: **Child Support:** _____ **Social Security:** _____
Veterans: _____ **Other:** _____

Monthly Total of Parent and Other Income: _____

Do you have a savings account? _____ **If yes, how much?** _____

****Please admit this form with your student application.**

****Please use attached worksheet to figure your monthly expenses and monthly amount you can pay.**

Total amount that Parent(s) will pay each month: _____

Parent(s) additional comments or appeal (you may attach another sheet if needed): _____

We understand that:

- Failure to keep this account paid in accordance with the above agreement by the due date of each month automatically cancels the student aid unless special arrangements are made in writing and approved by the Principal or Treasurer.
- Signatures on this application give permission for the Student Aid Committee to review student transcripts and attendance records.

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____