

GirlVentures Financial Aid Application



YOU MUST COMPLETE THE ENTIRE FORM.

Girl's Name		
Today's Date and Year		
School		
Parent/Guardian 1		
Parent/Guardian 2		
Are you are single or double income household?		<input type="checkbox"/> single <input type="checkbox"/> double
Do you receive child support? If yes, write amount (per year)		
ANNUAL INCOME	Parent/Guardian #1	Parent/Guardian #2
Salary before taxes (per year)		
Other income (per year)	+	+
TOTAL INCOME (per year)		
LIVING EXPENSES		
Rent/Mortgage (per month)		
School Tuition (per month)		
Credit/Loan Repayment (per month)		
Living Expenses (per month) (<i>car, food, other</i>)		
Additional Monthly Costs (per month)	+	
TOTAL EXPENSES (per year)		
How much can you contribute to this GirlVentures program? All families must pay at least the application fee. Please see our website for program and application fees.		
Additional children? Please write Name(s), Age(s), School(s), and any tuition costs:		

Financial Aid will be awarded as available.

Please call 415-864-0780 ext 304 to inquire about financial aid availability.

1. Please describe your financial situation and explain anything that you feel should be known to us. Explain any special circumstances or concerns.

2. Why do you want your daughter to participate in a GirlVentures program?

3. (For student to fill out.) Why do you want to participate in a GirlVentures program?

Directions:

Please attach the first 2 pages of your most recent Tax Return OR a copy of a pay stub, to document your income.

Please read below, check off appropriate boxes, sign, and return.

Thank you.

AGREEMENT

- If I receive a partial financial aid offer, I agree to pay my portion of the program cost by the date agreed upon. I understand that I must agree and sign below to be considered for financial aid.
- I have read GirlVentures' Policies (www.girlventures.org/programs/payment_policies.shtml)
- I have included the first 2 pages of my most recent Tax Return (Form W-4) or a Pay Stub.
- I do not have a tax form. (*YOU CAN STILL RECEIVE AID WITHOUT A TAX FORM.*)
- We participate in our school's free lunch program.

Signature

Date

Print Name

Phone Number