

**SEAGULL SCHOOLS  
FINANCIAL AID APPLICATION  
CONFIDENTIAL**

Child's Name: \_\_\_\_\_  Male  Female

Site Child Attends:  Kailua  Kapolei  Ocean Pointe  Ko Olina  
 The Early Education Center

Applying for Financial Aid period:  July 2017 – June 2018

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

Name: \_\_\_\_\_

Social Security Number: xxx-xx-\_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

Name: \_\_\_\_\_

Social Security Number: xxx-xx-\_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

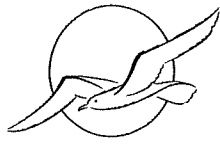
Place of Employment: \_\_\_\_\_

1. Child is living with:
- Mother/Father  Mother  Father  Step-Father/Mother  
 Step-Mother/Father  Guardians

2. If child does not live with parents, name of person(s) child does live with:

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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3. Who has financial responsibility for the child?

Parents     Father only     Mother only     Guardians     Other: \_\_\_\_\_

4. Who is responsible for paying tuition? \_\_\_\_\_

5. Please enclose with this form all of the following documents:

- a. Clear copy of your most recent signed Federal Tax Filing (Form 1040 or equivalent) or Federal Tax Transcript in its entirety (including all schedules).
- b. Clear copy of your most recent pay stub.
- c. Clear copy of all financial subsidies (Pauahi Keiki Scholars, Preschool Open Doors, Race to the Top, Food stamps, SNAP, etc.) that you receive.

6. If your tax statement does NOT reflect your present financial status, OR if you DID NOT file a tax return, please submit any/all additional documentation to verify income. IF NO VERIFICATION IS SUBMITTED, YOUR APPLICATION MAY BE DENIED.

Submit documents for the following:

- a. Yearly welfare income.
- b. Yearly social security.
- c. Yearly unemployment income.
- d. Yearly disability.
- e. Other: \_\_\_\_\_

The financial assistance being offered is in part the result of grants from the Harry and Jeanette Weinberg Foundation, Samuel N. and Mary Castle Foundation, McInerny Foundation, and the G.N. Wilcox Trust.

I certify that all the information provided is true to the best of my knowledge, and understand that failure to provide this could affect my child's status in the program.

I agree to report within 14 days, to Seagull Schools' Financial Committee, any changes in my family income while my child is participating in the Seagull Schools' financial aid program. I understand that failure to comply with this could affect my child's status with the program.

Signature of Parent (s) or Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (s) or Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_