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Grant/Financial Assistance Application

Student's Name: _____ Grade: _____ Date: _____

Mother's Name: _____ Income: _____

Address: _____ City/State/Zip Code: _____

Phone# (H) _____ (W) _____ (C) _____

Employer Name: _____ Job Description: _____

Father's Name: _____ Income: _____

Address: _____ City/State/Zip Code: _____

Phone# (H) _____ (W) _____ (C) _____

Employer Name: _____ Job Description: _____

Dependent Children Name: _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Estimated Monthly Budget:

Rent, Mortgage _____ Medical Ins. _____
Food _____ Car Ins. _____
Utilities _____ Car Payment(s) _____
Miscellaneous _____

W-2 & 1040: _____ Income Verification: _____

Other Income: Amount _____ Source _____

Year and model of car(s) 1 _____ 2 _____

Have you applied for other grants or loans? Yes: _____ No: _____

If yes, please explain: _____

Does your child receive SSI? Yes: _____ No: _____

Initial _____ Recipient of Grants/Scholarships must volunteer 20 hours per school year and participate in fundraising 100% of required amount to be raised. Recipients must participate by semester: 10 hours per semester, 1 fundraiser by semester; 2 semesters per school year. Funds will not be awarded for 2nd semester if obligations are not fulfilled for first semester. Student must have good attendance, be on time to school, and have no failing grades to receive money for the coming year.

Applicant's Signature: _____

Social security #: _____

Drivers License: State _____ # _____

For School Use Only

Grant: _____ Amount: _____

Volunteer Hours: _____ Fundraiser Amount: _____