



# TEMPORARY FINANCIAL AID REQUEST FORM

The Bridge School Scholarship Fund is supported primarily through fundraising efforts and funds are limited. We ask that those receiving scholarships consider how you can assist in fundraising efforts; if you are able to pay more at any time, we welcome your support.

We rely on the honesty of applicants to determine financial aid needed & all information provided will remain strictly confidential.

Temporary Scholarships are awarded for up to two months.

## FINANCIAL AID APPLICATION PROCESS – Required Steps

**Complete and return this application before the tuition due date for which you are requesting.**

The parent with legal responsibility for their child’s schooling must complete this form. If parents are divorced or separated and both have financial responsibility, each household must complete the financial aid application.

**Mail completed form to: THE BRIDGE SCHOOL – P.O. Box 48074, Burien, WA 98148**

## FINANCIAL AID REQUEST

- Aid Requested for:
- 1 Tuition Installment - Date Due: \_\_\_\_\_
  - 2 Tuition Installments – Dates Due: \_\_\_\_\_

<u>Student Name</u>	<u>Birthdate</u>	<u>Amount Due per Tuition Installment</u>	<u>Financial Assistance Requested</u> <i>Maximum 50% Tuition for up to two months</i>
TOTALS →			

## ADDITIONAL TUITION EXPENSES *(Other tuition expenses or family members attending tuition charging schools)*

<u>Name</u>	<u>Current Age</u>	<u>Relationship to Student</u>	<u>School</u>	<u>Cost of Tuition &amp; Fees</u>
TOTAL →				

**PARENT INFORMATION**

Parent/Guardian Requesting Assistance: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Number of Family members living in household: \_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION**

Can others outside the household (e.g. grandparents) contribute towards applicant’s tuition? Briefly explain.

Please tell us about your circumstances (*attach additional page if necessary*).

***I certify that the above information is accurate; I further understand that if I knowingly provide false information, any aid awarded will be forfeited. I have read the scholarship guidelines and I agree to fulfill all of my school responsibilities. The Bridge School is under no obligation to continue aid beyond the school year specified in this application.***

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The Bridge School does not discriminate on the basis of religion, race, color, creed, national or ethnic origin, sexual orientation, family make-up or circumstances or any other legally protected status in the hiring of staff or in the administration of educational policies or programs, admissions policies or any other school administered programs.*

**For Office Use Only**

Date Received: _____	Date Reviewed: _____
Scholarship Review Committee Signatures: Director: _____	
Treasurer: _____	Assistant Treasurer: _____
Cleaning Requirement Complete: Y N N/A	Participation Requirement Complete: Y N N/A
Scholarship Amount Requested: \$ _____	Scholarship Amount Approved: \$ _____
NOTES:	