

Carlsbad Educational Foundation Financial Aid Application

CEF Financial Aid:

To apply for financial aid, complete the form below and include any relevant copies of the required documentation. Return your completed application to:

Kids Care	Cheryl@CarlsbadEd.org
Summer or After School Enrichment	Karlie@CarlsbadEd.org
Summer Academy	CEFAcademy@CarlsbadEd.org

Third Party Information

You must apply for third party assistance directly with an outside agency.

Please note: Your financial aid application will not be considered if it is incomplete and/or does not include ALL required documentation.

Program requesting financial aid for:

- | | |
|--|---|
| <input type="checkbox"/> Kids Care | <input type="checkbox"/> After School Enrichment |
| <input type="checkbox"/> Summer Enrichment | <input type="checkbox"/> High School Summer Academy |

Enrichment Class (if applicable): _____

Summer Academy Course (if applicable): _____

Required Documentation:

Documentation with asterisk is REQUIRED. Your application will not be considered without copies of the required documentation.

- Most recent tax return*
- Two (2) most recent pay stubs for ALL supporting parents/guardians*
- Any child support income documentation (if applicable) *
- Class Schedule if parent/guardian is currently enrolled in higher education
- Any additional supporting documents or explanations of circumstances

Student Information	
Student Full Name: _____	Current School: _____
Student Grade: _____	

Parent Information (Both Parent Information Required)
Parent 1 Name: _____ Email _____
Address: _____ City, State, Zip: _____ Phone: _____
Parent 1 Occupation _____ Parent 1 Employer _____
Parent 2 Name: _____ Email _____
Address: _____ City, State, Zip: _____ Phone: _____
Parent 2 Occupation _____ Parent 2 Employer _____

Household Information
Marital Status: _____ Number of Adults: _____ Number of Children: _____

Household Income
Monthly Wages from all contributing adults: \$ _____
+ Child support/alimony received: _____
+ SSI/SSDA: _____
+ Other (specify): \$ _____
- (minus) Child support/alimony paid: \$ _____
Total Gross Monthly Income: \$ _____

The above information is true and accurate as of the date of application. I also agree to notify Carlsbad Educational Foundation (CEF) of any change in income, expenses, or family conditions noted on this application. I understand that providing false information or a failure to notify CEF of substantive changes in the information provided in this application may result in the cancellation of assistance and reimbursement to CEF for all assistance provided. Financial Aid recipients will be notified via e-mail, if approved.

Signature of applicant _____ Date: _____