



Financial Aid Application

By filling out this form, this does not guarantee you financial assistance. Our committee will select the applications based on need. All applications must be emailed to navah@edasnerfamilycenter.org by June 27th. Those selected will be notified by June 29th.

Parent/Caregiver Name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____ Employers: _____

Amount of financial aid requested (per week): \$ _____

How much tuition can you afford per week: \$ _____

Current Monthly Household Income: \$ _____

Residence: Lease _____ Own _____

Monthly Rent or Mortgage Payment: \$ _____

Privacy Statement:

Participants do not have to provide a financial aid application, but if a participant does not, The Ed Asner Family Center cannot provide financial aid. The Ed Asner Family Center will use the information provided for financial aid purposes only. The information will not be shared with any parties outside of The Ed Asner Family Center.

Non-Discrimination Statement:

The Ed Asner Family Center does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. Any financial aid offers is at the sole discretion of The Ed Asner Family Center.

Financial Aid Withdrawal and Eligibility Termination:

Financial Aid will be withdrawn by The Ed Asner Family Center in the event any information provided in a financial aid application is found to be incorrect.

I have read, understand and consent to the terms and conditions of The Ed Asner Family Center's financial aid policies.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____