Application for Financial Aid





Please fill out the form below as accurately as you can. We will contact you as soon as we have processed your application.

Name

Date of Birth

Address

Child's Name

Birthdate:

Is your child currently enrolled as a student?	
☐ Yes	🗌 No
Preschool and Kindergarten or Other	
Preschool & Kindergarten	□ Other
How long do you expect the student to be at HCA? Grade:	
Have you applied for financial aid from this institution before?	
☐ Yes	🗌 No
If yes, how much financial aid did you receive?	

General Financial Information

Please fill out the following fields as accurately as you can.

Adjusted gross income reported on current 1040.

Other Additional income

Number of individuals in your household.

I promise to ensure that my child has at least 90% attendance or risk loss of their scholarship.

□ No
□ No

How much do you earn per month?

Why do you require financial aid?

Please explain briefly why you require financial aid. Providing an overview of your circumstances will help us to process your application and determine if you qualify for assistance.

Conditions Upon Acceptance

If you qualify for financial aid, it is important to understand that to continue receiving funds, you must meet the following conditions:

a. Keep my part of tuition paid up to date..

b. Student must be making satisfactory progress in program of study (as determined by the administrator).

c. Live in compliance with the standards and rules of the institution.

Signatures

I confirm that the information in this application is true and accurate to the best of my knowledge.

Student Signature

Date

Guardian/Parent(s) Signature (If Applicable)