



Polish School of Charlotte Financial Aid Program is designed to help as many children as possible experience the Polish language, culture and traditions. The school admits the students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at that school. The school does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Applicants are awarded tuition assistance based on family need and availability of financial aid funds. In lieu of financial assistance, the applicants' parent/guardian is expected to contribute a minimum of 20 hours to PSC during the financial aid period. The Board will review applications and notify eligible applicants. All information in this application is confidential.

Semester applying for:  Fall  Spring Year:

Number of Students:

Student Name (1): \_\_\_\_\_  
(surname) (first)

Student Date of Birth: \_\_\_\_\_  
(month) (day) (year)

Student Name (2): \_\_\_\_\_  
(surname) (first)

Student Date of Birth: \_\_\_\_\_  
(month) (day) (year)

Student Name (3): \_\_\_\_\_  
(surname) (first)

Student Date of Birth: \_\_\_\_\_  
(month) (day) (year)

Fathers Name: \_\_\_\_\_  
(surname) (first)

Address: \_\_\_\_\_  
(street address) (city) (state) (zip code)

Phone Numbers: \_\_\_\_\_  
(cellular) (home)

Occupation: \_\_\_\_\_

Income (\$): \_\_\_\_\_  
(weekly) (monthly) (yearly)

Mothers Name: \_\_\_\_\_  
(surname) (first)

Address: \_\_\_\_\_  
(street address) (city) (state) (zip code)

Phone Numbers: \_\_\_\_\_  
(cellular) (home)

Occupation: \_\_\_\_\_

Income (\$): \_\_\_\_\_  
(weekly) (monthly) (yearly)

Members in Household:

Copies of Income Sources **MUST** be provided:  W-2  Recent Pay Stub  Federal Income Tax Return

I hereby apply for the Financial Aid from the Polish School of Charlotte (PSC). I hereby give consent to the PSC to contact and verify my information contained in this application and attachments by contact with any individual, government, education institutions or other entity. I understand that any intentionally false or misleading information I have submitted on this application will result in cancellation of the financial aid and/return of expected funds.

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