



HIGH SCHOOL @AKIVA

26500 Shaker Boulevard

SCHOLARSHIP REQUEST FORM

STRICTLY CONFIDENTIAL INFORMATION

Date _____

Name of Parents/Guardian _____

Address _____

Home Phone _____ Work Phone _____

Scholarship requested for:

1. _____

2. _____

Other financially dependent children in the family:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Synagogue Affiliation _____

Do you own your home? _____ Rent? _____

Monthly payment on home or rent \$ _____

Father's Annual Income \$ _____

Mother's Annual Income \$ _____

Amount of scholarship requested \$ _____

Reasons for scholarship request:

Is this your first request for a scholarship? If no, list dates of other requests

Parent/Guardian

Signature _____ Date _____

In order to process, this application must be completed **in full with a 1040 form attached.**

MUST BE RETURNED BY OCTOBER 1, 2010