

THE HIGHLANDS SCHOOL
FINANCIAL AID FORM
(after completing, scan this document and upload to SSS)

Student Name: _____ Entering Grade: _____

1. Are there other financial resources (family, friends, etc.) that could be applied toward your child's tuition?
(Financial Aid funds are limited and will only cover a portion of the tuition.)

Yes No If yes, note source(s) below:

2. Have you found other sources of institutional financial aid and/or scholarships to help fund your child's tuition (community (i.e. the Arc), professional, religious, trade organizations, various educational loans)?

Yes No If yes, note source(s) and amount(s) below:

Does your child qualify for SSI? Yes No

3. Does your family currently receive financial support from relatives or other sources? Yes No

If yes, please indicate amount received and your sources below. Include support for trips, camps, lessons, and other extra curricular activities, as well as basic needs.

Amount: _____

Sources:

4. Do you provide support for other relatives? Yes No

Amount: _____

Explanation: (use additional sheet if needed)

5. If your children are all of school age and both parents are not fully employed, please explain circumstances: (use additional sheet if needed)

Parent/Guardian signature: _____ Date: _____

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