

Alternative Education Foundation
4650 SW 61st Avenue
Davie, FL 33314
P: 954-581-8222
F: 954-327-4372
www.alternativeeducationfoundation.org



Scholarship / Financial Aid Application

Dear Parents:

The cost of tuition can be a financial burden that some families are unable to fully absorb. We strive to assist parents through various forms of creative financing, including:

- ✓ Partial scholarships
- ✓ Extended repayment plans
- ✓ Loans
- ✓ Tax Deductions

If you believe you require assistance, please act immediately, and complete all of the items listed below. Place a check in the box next to each item as you have completed them.

- Complete the reverse side of this form in full and return it to us.
- Along with this form, send in a copy of your last tax return and/or W-2.
- Write a letter to us, advising us of any special financial circumstances relating to you.
The letter must indicate the maximum amount you can contribute each month.
Please use page 3 of this form for your letter.
- Application must be accompanied with a \$45.00 processing fee.
Credit Card/ Check / Venmo 954 640 0123 / PayPal - Info@aefschools.com

It is essential that you respond to us as soon as possible, as we are required to balance our own budget. Please bear in mind that we receive limited assistance from the State and no assistance from any other Federal Agency, and are therefore restricted in the amount of financial assistance we are able to give.

Preference is usually given to the earliest applications received and scholarships are based on space and availability.

It is essential that you submit the requested documentation for us to best serve your financial needs; Failure to respond in a timely manner may result in your application being dismissed.

Please return completed forms to finance@aefschools.com

We look forward to hearing from you,
Alternative Education Foundation

Enter Maximum amount you can contribute each month

Use the space below to advise us of any special financial circumstances relating to you.

If Paying application fee by Credit Card

Name on Card
Card Number
Expiration
Billing Zip Code
Security Code

VENMO 954 640 0123
PayPal Info@aeFSchools.com
Cash App 954 640 0123

Check this box if paying by check

MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent \$ _____
Property taxes \$ _____
Utilities \$ _____
Food \$ _____
Car Payment \$ _____
Insurance \$ _____
Travel / Leisure \$ _____

INSURANCE

Medical/Dental \$ _____
Child(ren)'s Medical/Dental \$ _____
Life \$ _____
Other \$ _____

TUTORING / THERAPY

Academic \$ _____
Speech/Language/OT \$ _____
Behavioral \$ _____
Other \$ _____

OTHER EXPENSES NOT LISTED ABOVE

Other Private Schools \$ _____
College / University \$ _____
In Laws / Relatives \$ _____
Other \$ _____

TOTAL MONTHLY

EXPENSES: \$ _____