Alternative Education Foundation 4650 SW 61st Avenue Davie, FL 33314 P: 954-581-8222

F: 954-327-4372

www.alternativeducationfoundation.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 afAF 00 processing for
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

Schola	rship As	ssistance	Ap	plicatio	on
APPLICANT	Name				
Social Security Number			Applicant DOB		
Student's Name					Age
Home Address					
Drivers Lincense _					
Telephone Number	Home		<u> </u>	Work	
Number of Depende	nts		_		Ages
Employer					
Employer Address _					
Position					
Email			2nd Er	nail ———	
CURRENT MA	ARITAL STA	TUS >>>> LAST YE (PER TAX RET	<u>AR</u>	Married /	Divorced / Separated NEXT_YEAR (EXPECTED)
Income earned from	work (father)	\$			\$
Income earned from	work (mother)	\$			\$
Other Income (Father and Mother)		\$			\$
Income (Student)		\$			\$
REAL ESTAT	E				
If renting - monthly r	ent \$		_Mortga	ge Holder	
If own, monthly payr	ment \$		_Mortga	ge Balance \$_	
Purchase Price \$		_Current	Value \$		
ASSETS	Cash, Savings	& Checking Acco	unts	\$	
	Home				
	Real Estate ar	d Investments			
	Business and	Farm			
				· 	
Does your child have an IEP?		What is	his/her matrix	number?	
I have entered whet	her or not my chil	d has an IEP, and	if he/she	does, I have e	entered the matrix #.
I understand that if I number) and if I hav application will be co	e not completed i	tems 1, 2, 3 and 4	as stated	d on the other	side of this form, this

I affirm that the above is correct and true, and that I have not intentionally omitted any data.

Signature	Signature	Date

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 Check this box if paying by check PayPal Info@aefschools.com Cash App 954 640 0123

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 / THEARPY					
Academic	\$				
Speech/Language/OT	\$				
Behavioral	\$				
Other	\$				
OTHER EXPENSES NOT LISTED ABOVE					
Other Private Schools	\$				
College / University	\$				
In Laws / Relatives	\$				
Other	\$				
TOTAL MONTHLY					
EXPENSES:	\$				