

Return your application to:

Steven Odell, Scholarship Committee Chair  
S.E.E.K. Supporting Excellence in Education for Kids, Inc.  
1620 Adams Avenue • Costa Mesa, CA 92626

**APPLICATION FOR FINANCIAL ASSISTANCE**

For the School Year Beginning \_\_\_\_\_, \_\_\_\_\_

Scholarships are limited and are based upon demonstrated financial need, as well as the availability of funds. Applications will be processed when this form and complete copies of your two most recent Federal Income Tax returns are provided. All information is for consideration by the Scholarship Committee and is strictly confidential.

**PARENT INFORMATION**

1. Father's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Length of Time at Current Address: \_\_\_\_\_ Years \_\_\_\_\_ Months      Monthly Housing Payment: \$ \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Length of Time with Present Employer: \_\_\_\_\_ Years \_\_\_\_\_ Months      Annual Gross Income: \$ \_\_\_\_\_
2. Mother's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Length of Time at Current Address: \_\_\_\_\_ Years \_\_\_\_\_ Months      Monthly Housing Payment: \$ \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Length of Time with Present Employer: \_\_\_\_\_ Years \_\_\_\_\_ Months      Annual Gross Income: \$ \_\_\_\_\_

**STUDENT INFORMATION FOR SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_**  
*(Include only students attending school to which you are applying.)*

- | 3. Student Name | Date of Birth | Annual Tuition Cost |
|-----------------|---------------|---------------------|
| _____           | _____         | _____               |
| _____           | _____         | _____               |
| _____           | _____         | _____               |
| _____           | _____         | _____               |
|                 | TOTAL TUITION | _____               |
4. Number of Dependents (including the applicants): \_\_\_\_\_
5. What is the maximum annual tuition you feel you can afford to pay for the applicants' education? \_\_\_\_\_

**EXPENSES**

- 6. Medical bills & dental expenses not paid by insurance (current year) \_\_\_\_\_
- 7. Elementary, Middle, and High School tuition paid this year \_\_\_\_\_
- 8. College tuition paid this year \_\_\_\_\_
- 9. Total car indebtedness \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Estimated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Estimated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Estimated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
- 10. Total recreational vehicle indebtedness \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Estimated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Estimated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Estimated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
- 11. Other Debts: \_\_\_\_\_

**ASSET INFORMATION**

	What is it worth today?	What is owed?
12. Residence	_____	_____
13. Second Residence(s)	_____	_____
14. Investment Property(s)	_____	_____
15. Cash value of life insurance	_____	_____
16. Other Assets _____	_____	_____

**RELEASE AND CERTIFICATION**

- 17. To what school are you applying for financial aid? \_\_\_\_\_  
Address: \_\_\_\_\_  
Number of years at this school? \_\_\_\_\_
- 18. Additional information you would like the scholarship committee to consider: (Attach a short supplement if necessary.)  
\_\_\_\_\_

19. I declare that the information stated in this application is true and correct. If asked by an authorized member of S.E.E.K., I agree to give proof of this information. I also realize that if I don't give proof when asked, or if I fail to respond to written inquiries for additional information, I may be denied aid.

I grant permission for S.E.E.K. to release information to, and receive information from, the above named school about the applicant(s).

I understand that S.E.E.K. provides educational scholarships, financial aid and other benefits to children in the local community on a non-discriminatory basis, without regard to race, color and national or ethnic origin

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_