

Financial Aid Application

Full Name: Mr. Mrs. Ms. Miss Dr. Rev _____

Date of Birth: _____ Sex: Male Female

Marital Status: Single In a Relationship Married Divorced Separated Widowed

CONTACT INFORMATION

Street Address: _____ Suite or Apt. #: _____

City: _____ State: _____ Zip Code: _____ May we send mail here: Yes No

Mailing Address or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Email Address: _____ May we send mail here: Yes No

Household Size: List each person living in your household

Name	Date of Birth	Relationship to You

Household Income

	Amount	Frequency (Circle one)	Employer
You	\$ _____	Weekly Monthly Yearly	
Spouse (If Applicable)	\$ _____	Weekly Monthly Yearly	

****If there are any extenuating circumstances that may play into our decisions, please disclose that here**:**

Note: Please provide one of the following options to verify above information: W-2 from the prior year, two (2) pay stubs, or any other information that shows your income. Please verify your income every year. Your answers will be kept on file and in strict confidence. Your annual income and your family size will be used to calculate your discount.

****A representative of LifeTouch Ministries & Counseling Center will contact you as soon as your form has been reviewed****

I affirm that the information provided on this application is true and correct to the best of my knowledge. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the Financial Aid Program. I agree to inform LifeTouch Ministries & Counseling Center if there is a significant change in my income. If acceptance to the Financial Aid Program is obtained under this application, I will comply with all the policies of LifeTouch Ministries & Counseling Center.

Date: _____ Name (Printed): _____

Signature: _____