

FINANCIAL AID APPLICATION

Names of Both Parents: _____

Address: _____
Street Address City State Zip code

Phone Number: _____ Home _____ Work _____

Provide the following information on the child's mother and father and provide proof of income:

Occupation of Father/Guardian: _____ Yearly Salary: _____

Occupation of Mother/Guardian: _____ Yearly Salary: _____

Additional Family Income Source: _____ Amount: _____

Total income: \$ _____

Number of Dependents (including children): _____

Students attending Annoor Academy (Name & Grade):

Are you applying for Financial Aid elsewhere? Yes No

If yes, please write the name of the place: _____

I hereby declare that the above information is correct to the best of my knowledge. If my child receives partial financial assistance, I agree to pay all other fees due to Annoor Academy and to abide by all conditions set by Annoor Academy Operation Committee. I understand that I must include the proof of my current income (current year tax return **AND** recent check stubs) with this application for **BOTH** parents. This application will not be reviewed without complete supporting documents. I also understand that my financial aid application will be reviewed by a financial aid team twice a year. Finally, I understand that the parents/guardians of students receiving financial aid are **required** to provide additional volunteer work to the school for a specified number of hours per month **in addition to the required 20 volunteer hours per year**. Failure to complete these work hours will result in loss of financial aid. Financial aid is on a sliding scale basis.

Signature of Parent/Guardian: _____ Date: _____

***Completed applications and supporting materials should be mailed to Mr. Hareth George Kemp at 4412 Mildred Drive Knoxville, TN 37914. Or email scanned documents to: edisonk82@comcast.net**

FOR OFFICE USE ONLY

Application Received By: _____ Date: _____

Reviewing Team: _____

Financial Aid Granted: \$ _____ /per month Date: _____

Justification Comments: _____

Signature of Reviewing Team Chairman: _____ Date: _____