LEGACY, INC. APPLICATION FOR FINANCIAL AID P.O. Box 133 Hampden, ME 04444 (207) 852-7982

(Please print and complete full application)

Name(s) of F	Parent/Guardian				
Address					
Email Addres					
•	s of Child(ren) seeking assistance	for)			
Telephone	Work	_ Hor	ne	Cell	
(Circle One)	Married	Single	Widowed	Divorced	
Number of d	eople in your housel ependents age 18 a christian school are	nd under	ng to attend?		
In order for answered.	applications to be	processed,	ALL of the foll	owing questions mus	t be
1. Amount o	f assistance being re	equested (<u>y</u>	,	ust fill in an amount)	
•	ou are contributing t budget allows you		on \$		
3 What othe	er sources of tuition	assistance I	nave you sought	?	
4. How do y	ou currently volunted	er or intend	to volunteer at y	our school?	

- 5. What is your adjusted gross income?

\$_

6. Non-Taxable Income for most recent year:

Pension Benefits Social Security Income Workers' Compensation Income **Public Assistance Income Child Support** Gifts from others Parental Disability Income(attach explanation) Other

\$	 		
\$			
\$ \$ \$			
\$			
\$			
\$ \$	 		
\$			

\$

TOTAL NON-TAXABLE INCOME

7. Public Assistance	
Heating	\$
Housing	\$
Phone	\$
Food	\$
EBT	\$
Utilities	\$

8. Resources (Use values of today's date):

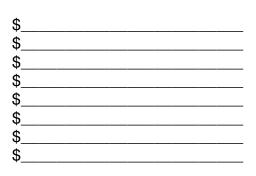
Savings \$ Checking \$ CD(s) \$ Annuities \$ Cash value of life insurance policies \$ Stocks/Bonds \$ Mutual Funds \$ Equity in Rental Properties \$ Health & pension benefits \$ Other investments \$

\$

TOTAL RESOURCES

9. Monthly Expenses:

Mortgage/Rent Vehicles/Transportation Utilities (heating, electricity, phone, water, etc.) Credit Card Debt Medical Child Support Cable/Internet/Cell Other (use back of page if needed



\$

TOTAL MONTHLY EXPENSES

\$_____

	Does any member of your household require special needs: Yes No Describe special need(s)
	If you receive financial assistance for this need what is the amount? \$ Please tell us a little about yourself and your situation
12.	Is there any other information you believe is relevant to the consideration of your request?

Please review this application to be sure that all information requested has been provided and is accurate. This form must be correctly completed in its entirety to receive due consideration for financial aid. <u>BE SURE TO INCLUDE A COPY OF YOUR FEDERAL TAX RETURN.</u>

By my signature below, I release permission for the appropriate representatives of Legacy, Inc. to discuss the information on the application for financial aid purposes only.

Applicant Signature

Date

Applicant Signature

Date

If you become a recipient of financial aid from Legacy, Inc. you agree to join us in our quest to send children to private Christian schools We request those that receive assistance, to participate in the following activities that help to ensure Legacy's mission which is to provide tuition assistance for as many children as possible.

*Photo/video for promotional use such as brochures/website/video if needed.

*Written "Thank You" or "Testimonial" from child/parent by the end of the first quarter.

*Permission for Legacy, Inc. to review child's progress/grades at the end of each quarter if necessary.

*Connect a Legacy Representative with leadership in your church.

*Be a parent representative at your church (sharing information about Legacy and its events, etc.) with those in your congregation.

*Help to connect Legacy, Inc. with people who may be able/willing to help in Legacy's endeavors to support children in private schools. These people could be those who are business owners, crafters, individuals who may have items to donate, or want to sponsor a child's education.

*Promote and/or volunteer at a Legacy, Inc. fundraising event if needed.

(If you have any questions regarding the above activities then please contact a Legacy, Inc. representative If you are unwilling or do not wish to participate in any of the above activities, then please indicate which ones).

Signature of Parent/Guardian_____

Date_____