Financial Aid Application Form

Thank you for your interest in Olive Children Foundation. It is part of our mission to make academic programs accessible to students of all financial and socioeconomic backgrounds. Our ability to give financial aid is a critical part of ensuring the success of the organization, and this would not be possible without generous external funding from our community supporters. We encourage you to ask for assistance if you need it and pay what you are able. **Please attach a copy of one of the following documents as proof of eligibility: W-2 form OR 1040 Tax Return Form OR 1099 Form.** Your information will not be distributed and will be kept confidential with the accounting and administrative team at Olive Children Foundation.

Directions: Fill out this form, one for each student for whom you are applying.

Student Information:

Last Name:	First Name:
Grade Level:	School:

Parent Information:

Paren/Guardian Full Legal Name:
Address:
Phone No:
Email:

Are you a single-income family? [ ] Yes [ ] No

Does the child for whom you are applying receive child support? [ ] Yes [ ] No

Estimated household yearly gross income [$]

Term requesting financial aid for: [ ]

Supplemental Information: (Optional, 100 words or less):

I certify that all the information I have provided in this document is true to the best of my knowledge.

X_____

Your signature Date

Print Name: _____

Please submit this form and proof of eligibility by mail or email to:
Olive Children Foundation, 43531 Mission Blvd. Fremont, CA 94539 | **info@olivechildren.com**