

## Application for Financial Aid for Kids in College Program

This is a financial aid application for the Kids in College Program in July. If you meet the criteria, as noted below in the chart, please complete and return the application to Clarion University – Venango Campus Continuing Education: 1801 West First Street, Oil City, PA 16301. If your application is approved for financial aid, the amount of out-of-pocket expense to you will be \$40 per weeklong program, or \$10 per class, if registering for individual courses.

Income Chart for financial aid or reduction of fees:

Household Size	Annual	Monthly	Weekly
2	\$31,304	\$2,607	\$602
3	\$39,468	\$3,287	\$759
4	\$47,632	\$3,967	\$916
5	\$55,796	\$4,647	\$1,073
6	\$63,960	\$5,326	\$1,230

\*To figure monthly income, multiply: weekly x 4.33; every 2 weeks x 2.15; twice a month x 2.  
Verification of income must be returned in the form of a copy of last year's income tax return.

Head of Household \_\_\_\_\_ (Print Full Name)

Home Telephone No: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

(State) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Print Each Child's Name and School Information

	Full Name	Grade	Name of School
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Total number of members in your household: \_\_\_\_\_

Total of Household Members Income: \_\_\_\_\_

Names of Household Members	Monthly Earnings	Monthly Payments	Monthly Payments	Monthly Payments
	Gross/Before Deductions	Received Welfare, Alimony, Child Support	Received Pensions, Retirement Social Security	Other Income Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand this information is being given for the receipt of financial aid; Clarion University – Venango may verify the information on this Financial Aid Application.

\_\_\_\_\_ **(Signature, Date)**