



## Financial Aid Form

Student's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Number of family members at home \_\_\_\_\_

Please attach a copy of the first page of the most recent tax return for both parents responsible for this child. You may include a narrative of any circumstances you choose to share.

Return this form and attachments to:

Sharon Tripp, Executive Director  
Organized Parents Make A Difference, Inc.  
51 Gillett Street  
Hartford, CT 06105

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*For office use only*  
Date submitted \_\_\_\_\_ Percent of aid \_\_\_\_\_ Total amount due \_\_\_\_\_