



## Financial Aid Form

Student Name: \_\_\_\_\_  
Attends: ☐AM ☐PM

Student Name: \_\_\_\_\_  
Attends: ☐AM ☐PM

Student Name: \_\_\_\_\_  
Attends: ☐AM ☐PM

Student Name: \_\_\_\_\_  
Attends: ☐AM ☐PM

School Attending: \_\_\_\_\_

**Home Address:** Street: \_\_\_\_\_

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:

Annie Sablon, Executive Director  
Organized Parents Make A Difference, Inc.  
51 Gillett Street Suite 1  
Hartford, CT 06105

---

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