

**QUILLIAN CENTER
REQUEST FOR FINANCIAL AID**

Name of Child: _____ Date of Birth: _____

Father's Name: _____

Father's Address: _____ Zip: _____

Telephone: _____ Father's Occupation: _____

Work Phone: _____ Other: _____

Mother's Name: _____

Mother's Address: _____ Zip: _____

Telephone: _____ Mother's Occupation: _____

Work Phone: _____ Other: _____

Student lives with: Both parents _____ Other (who) _____
 Mother/Step-father _____ Father/Step-mother _____

Who is financially responsible for the costs of Student's education?
 Both parents _____ Other (who) _____
 Mother/Step-father _____ Father/Step-mother _____

Total People in Household: _____

Please select from the below options for requesting financial aid
(See Attached for Documentation Requirements):

- ___ Economically Disadvantaged ___ Homeless
___ Child of Active Military ___ Child of Military injured or killed in action
___ Foster Care ___ Child of Person eligible for Star of Texas

Signature of Responsible Party: _____ Date: _____

Print Name: _____ Email: _____

FOR OFFICE USE ONLY:		
Date Received: _____	Tuition: _____	Award: _____
Decision: _____		

Send completed form and documentation to kmartin@quilliancenter.org
Or drop-off in the gymnasium building to our staff

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Documentation Requirements

Economically Disadvantaged	2 Most Recent Paycheck Stubs
	Most Recent Tax Return
	TANF or SNAP Letter
Homeless	Student Support Services Approval
Child of Active Duty Military	Military ID
	Statement of Service
	Official Letter from Commander
Child of Military Member Injured or Killed in Duty	Military ID
	Statement of Service
	Copy of Death Certificate
	Copy of Purple Heart Orders
	Official Letter from Commander
Foster Care	Letter from DFPS or CPS
Child of Person Eligible for the Star of Texas Award	Certificate of Award

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