

Satori School Financial Aid Application

Date: _____

Student's Name: _____

Birthdate: _____

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____

Address: _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Family Income:

Father: \$ _____ (net monthly)

Place of Employment: _____

Mother: \$ _____ (net monthly)

Place of Employment: _____

Guardian: \$ _____ (net monthly)

Place of Employment: _____

Other Child Support: _____

Family: _____

AFDC: _____

Other: _____

Needs unique to the family that necessitate aid: _____

Please note the amount you can afford: \$ _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT TAX RETURN AS DOCUMENTATION