

LEGACY, INC.  
APPLICATION FOR FINANCIAL AID  
P.O. Box 133  
Hampden, ME 04444  
(207) 852-7982

*(Please print and complete full application)*

Name(s) of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Name & Ages of Child(ren)  
(that you are seeking assistance for) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

(Circle One) Married                      Single                      Widowed                      Divorced

Number of people in your household \_\_\_\_\_

Number of dependents age 18 and under \_\_\_\_\_

What private christian school are you planning to attend? \_\_\_\_\_

**In order for applications to be processed, ALL of the following questions must be answered.**

1. Amount of assistance being requested (your need) \$ \_\_\_\_\_

*(Must fill in an amount)*

2. Amount you are contributing towards tuition  
(what your budget allows you to afford) \$ \_\_\_\_\_

3 What other sources of tuition assistance have you sought?

\_\_\_\_\_

4. How do you currently volunteer or intend to volunteer at your school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What is your adjusted gross income? \$ \_\_\_\_\_

**6. Non-Taxable Income for most recent year:**

Pension Benefits \$ \_\_\_\_\_  
Social Security Income \$ \_\_\_\_\_  
Workers' Compensation Income \$ \_\_\_\_\_  
Public Assistance Income \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Gifts from others \$ \_\_\_\_\_  
Parental Disability Income(attach explanation) \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**TOTAL NON-TAXABLE INCOME** \$ \_\_\_\_\_

**7. Public Assistance**

Heating \$ \_\_\_\_\_  
Housing \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
EBT \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_

**8. Resources (Use values of today's date):**

Savings \$ \_\_\_\_\_  
Checking \$ \_\_\_\_\_  
CD(s) \$ \_\_\_\_\_  
Annuities \$ \_\_\_\_\_  
Cash value of life insurance policies \$ \_\_\_\_\_  
Stocks/Bonds \$ \_\_\_\_\_  
Mutual Funds \$ \_\_\_\_\_  
Equity in Rental Properties \$ \_\_\_\_\_  
Health & pension benefits \$ \_\_\_\_\_  
Other investments \$ \_\_\_\_\_

**TOTAL RESOURCES** \$ \_\_\_\_\_

**9. Monthly Expenses:**

Mortgage/Rent \$ \_\_\_\_\_  
Vehicles/Transportation \$ \_\_\_\_\_  
Utilities (heating, electricity, phone, water, etc.) \$ \_\_\_\_\_  
Credit Card Debt \$ \_\_\_\_\_  
Medical \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Cable/Internet/Cell \$ \_\_\_\_\_  
Other (use back of page if needed) \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES**

\$ \_\_\_\_\_

**10.** Does any member of your household require special needs: Yes \_\_\_\_ No \_\_\_\_

Describe special need(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you receive financial assistance for this need what is the amount? \$ \_\_\_\_\_

**11.** Please tell us a little about yourself and your situation \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_

**12.** Is there any other information you believe is relevant to the consideration of your request? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please review this application to be sure that all information requested has been provided and is accurate. **This form must be correctly completed in its entirety to receive due consideration for financial aid. BE SURE TO INCLUDE A COPY OF YOUR FEDERAL TAX RETURN.**

By my signature below, I release permission for the appropriate representatives of Legacy, Inc. to discuss the information on the application for financial aid purposes only.

<b>Applicant Signature</b>	<b>Date</b>
<b>Applicant Signature</b>	<b>Date</b>

If you become a recipient of financial aid from Legacy, Inc. you agree to join us in our quest to send children to private Christian schools. We request those that receive assistance, to participate in the following activities that help to ensure Legacy’s mission which is to provide tuition assistance for as many children as possible.

\*Photo/video for promotional use such as brochures/website/video if needed.

\*Written “Thank You” or “Testimonial” from child/parent by the end of the first quarter.

\*Permission for Legacy, Inc. to review child’s progress/grades at the end of each quarter if necessary.

\*Connect a Legacy Representative with leadership in your church.

\*Be a parent representative at your church (sharing information about Legacy and its events, etc.) with those in your congregation.

\*Help to connect Legacy, Inc. with people who may be able/willing to help in Legacy’s endeavors to support children in private schools. These people could be those who are business owners, crafters, individuals who may have items to donate, or want to sponsor a child’s education.

\*Promote and/or volunteer at a Legacy, Inc. fundraising event if needed.

(If you have any questions regarding the above activities then please contact a Legacy, Inc. representative. If you are unwilling or do not wish to participate in any of the above activities, then please indicate which ones).

Signature of Parent/Guardian\_\_\_\_\_

\_\_\_\_\_

Date\_\_\_\_\_

