

# New Leaf Foundation

P.O. Box 51434, Jacksonville Beach, Florida 32240

Scholarship Application 2016-2017

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Student SSN# : \_\_\_\_\_

Name of last public school, if any, and last year attended: \_\_\_\_\_

Applying Parent's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child resides with: \_\_\_\_\_ # of Members in the Household: \_\_\_\_\_

Name & ages of all household members: \_\_\_\_\_

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

Total household income, from all members listed, (**Provide W-s and tax returns as verification**):

\$ \_\_\_\_\_ per month or per year (circle one)

**Amount requested by family** \_\_\_\_\_

*(Families must pay at least 10% of tuition in order to qualify for a scholarship; regular payments made throughout the year.)*

Is the student currently receiving any other scholarship?  Yes  No

If so, which one?  McKay  CTC  Other \_\_\_\_\_

ESE classification of Child as described in IEP: \_\_\_\_\_

Matrix number: \_\_\_\_\_ (251-255)

I certify that I am making full disclosure of any other scholarship my child is receiving. Any tuition paid by the New Leaf Foundation based on a parent's false application will be the parent's responsibility to reimburse to the foundation.

Parent's Signature \_\_\_\_\_

**Please do not write below this line. It is for staff purposes only.**

Approved  Not Approved

Date Reviewed: \_\_\_\_\_

% of amount requested to be awarded \_\_\_\_\_ Amount to be awarded \_\_\_\_\_