

# Financial Aid Application: Annual Registration Fee Waiver

Year: 2024

Bread of Life Church at Torrance, CA 90505

Ministry: Harmonies In Christ

<b>For HIC Use only</b>	Reviewer initial: _____
Application received Date: _____	Review result: (check one)
Review Date: _____	<input type="checkbox"/> approved <input type="checkbox"/> denied

Parents/Legal Guardian		Relationship (check one)			Contact Information	
Last Name	First Name	Father	Mother	Legal Guardian		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Address: _____	
Print	Print				email: _____	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone # Home _____	
Print	Print				Mobile _____	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Address: _____	
Print	Print				email: _____	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone # Home _____	
Print	Print				Mobile _____	

Clubbers		Residing with ..... (check all applicable)			Awana Club (check one)		
Last Name	First Name	Father	Mother	Legal Guardian	Cubbies	Sparks	TnT
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print	Print						
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print	Print						
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print	Print						

If more than 3 kids, please use additional sheet

Financial aid qualification questionnaires:	Yes	No
Are you currently receiving Government subsidized housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which program? _____		
Are you currently receiving S.S.I. (Supplemental Security Income) subsidies?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving food stamps?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide additional conditions which would warrant to receive financial aid for your kids to attend HIC? _____		

I certify the above statements are true and are based on my best current knowledge.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_