



Financial Aid Application

Thank you for your interest in the Sally Newton Memorial Foundation Financial Aid Program. The purpose of the Sally Newton Memorial Foundation is to provide financial assistance so the children in the Triad can participate in physical activities. There are several forms that must be sent back with this application in order for your request to be processed. Please read the following information carefully to ensure the accuracy of your paperwork. Any missing information may result in a reduction or denial of financial assistance. All financial assistance is granted on a sliding scale based on income and need. All financial aid recipients are accountable for attendance, sportsmanship and behavior. If these criteria are not satisfactorily met, the financial aid could be terminated.

The following documents are needed for processing your request:

- _____ Financial Aid Application.
- _____ Copy of the 1st page of your previous year's tax return that was filed with the IRS (or last year filed). The information must include adjusted gross income and list of dependents (or last year filed). Please cross off social security numbers. If you do not have a copy of your taxes, or do not need to file, please contact the IRS at 1-800-908-9946 to have them send a copy of your filed taxes or the fact that you qualify not to file a return with your application, or go online to <http://www.irs.gov/Individuals/Get-Transcript>
- _____ Copy of all W-2 forms (please include W-2 forms for all persons in household). Please cross off social security numbers.
- _____ Copy of one month of paycheck stubs and proof of ALL other income that comes into the household (child support, disability statement, unemployment, letter of hardship, etc.). This information must be provided for all adults in household. If it is not clearly indicated on your paycheck stubs, please write your name, period of time the checks are for, and how often you are paid.
- _____ Social Security award letter or SSA-1099 S.S. Benefit Statement.
- _____ For foster children only: provide a copy of stipend from DSS.

** Other documentation may be requested.

Thank you for taking the time to accurately complete the information for our Financial Aid Program. Financial aid is good for one year from August through July. For program renewals, you will be required to reapply prior to August 1 for the new session.

You will be notified as to the status of your application within 30 days from receipt of application.

APPLICANT INFORMATION (adult or parent / guardian if applicant is a youth)

Last _____ First _____ M.I. ____ Gender ____ DOB _____

Street _____ City _____ State ____ Zip Code _____

Home / Cell Phone _____ Work Phone _____

E-mail: _____

Please circle your preferred method of contact: E-mail Cell US Mail

HOUSEHOLD INFORMATION (all individuals living in the same household not listed above)

Name of Other Household Members	Date of Birth	Gender	Relationship

PRIOR SCHOLARSHIP ASSISTANCE

Have you applied for a Sally Newton Memorial Foundation scholarship before? No ____ Yes ____

If yes, where? _____ When? _____

DESCRIBE TYPE OF PROGRAM, WHERE OFFERED, AND COST

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Sally Newton Memorial Foundation within 30 days. If I submit false or inaccurate information, or fail to notify the Sally Newton Memorial Foundation within 30 days, I may be terminated from the Financial Assistance Program. I understand I will be given a deadline to respond to accept the scholarship.

Signature of Applicant

Date

Please mail completed application and all applicable paperwork to:
The Sally Newton Memorial Foundation (Attn: Tom Newton)
206 Causeway Drive, Box 1155, Wrightsville Beach, NC 28480