

SCHOLAR APPLICATION FORM

Today's Date:
Application Received by:

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Date:

APPLICANT INFORMATION

nt's Last Name:		First: Middle:		Age:	Gender:	
Is this your legal name? Yes No		If not, what is your legal name?		Former name:		
Birth date:		Citizenship:		Marital Status:		
Home Address:		City:		State and Zip:		
Home Phone no:		Cell phone:		E-mail:		
Current School:		Current Grade: School Year: 20			ear: 20 2	20
Are you working?		If yes, what is your average weekly earning?				
Highest degree of parents:		Father: Mother:				
Name		Age	Relationship	Nam	e Age	Relationship
Sports _	orts		Visual Arts		Science	
Music _		Performing Artsrts			her	
☐ Math _	າ		Composition		Ot	her
Awards or recognitions received in the past three years, starting from the most recent:						
Name	Description					
	al name? Yes :: no: l: ng? e of parents: Name	al name? Yes No : no: l: ng? e of parents: Name Sports Music Math ognitions received in the parents	al name?	If not, what is your legal control of the control o	If not, what is your legal name? Citizenship: City: Cell phone: Current Grade: School Years, what is your average weekly are of parents: Name Age Relationship Name Sports Visual Arts Music Performing Artsrts Math Composition Eggnitions received in the past three years, starting from the most	All name? Yes No



SCHOLARSHIP APPLICATION FORM

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IN 500 WORDS, EXPLAIN WHY YOU ARE INTERESTED IN BEING A PACIFIC ACADEMY FOUNDATION SCHOLAR, AND WILL IT BRING ANY CHANGE TO YOUR LIFE.		



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PHOTO RELEAS	E				
I, the undersigned, hereby grant permission to Pacific Academy Foundation the right to use and copyright photographs of me without restriction for any purpose such as, but not limited to, promotion, advertising, and public relations. I hereby release and discharge Pacific Academy Foundation from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.					
Patient/Guardian N	Jame	Student Name			
Patient/Guardian signature	Student Signatu	ure	Date		
PARENT/GUARDIAN IN	FORMATION (Primary Contact				
Parent/Guardian Last Name:	First Name:	Middle:	Title:		
Relationship:	Living with applicant?	Yes No			
Home Address:	City:	State and	l Zip:		
Citizenship:	Marital Status:	Occupation:			
Home Phone:	Cell-phone:	Work Phone:			
Email:					
— PARENT/GUARDIAN IN	FORMATION (Secondary Cont	act)			
Parent/Guardian Last Name:	First Name:	Middle:	Title:		
Relationship:	Living with applicant?	Yes No			
Home Address:	City:	State and	Zip:		
Citizenship:	Marital Status:	Occupation:			
Home Phone:	Cell-phone:	Work Phone:			
Email:					



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FINANCIAL INFORMATION

i inancial ini Shinain					
Size of household:					
Do you own or rent your residence?					
Own, monthly mortgage amount \$ Rent, monthly rent amount \$					
Do you have any other investments?					
\square Real estate \square Bonds, stocks, funds, annuities \square Retirement \square College Savings \square Other					
Do you own or partially own any busines	Do you own or partially own any business? Yes, the net worth is \$ No				
Please disclose the total balance of your	bank accounts, including	checking and savings: \$			
What is your Annual Adjustable Gross Income (AGI) from the most recent tax return? \$ (year)					
Please attach with this application: 1) Mo	st current year tax return; 2	2) Most recent three months of bank statements			
3)Most recent three months of all credit of	card statements				
Any financial aid provided to your family?					
Name of the financial aid received	Amount	Frequency			
Please disclose the annual expense you invested (or will invest) in developing your child's unique talent(s).					



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IN CASE OF EMERGENCY

Patient/Guardian signature

Name of local friend or relative:	Relationship to student:			
Home phone no.:	Work phone no.:			
PARENT/GUARDIAN CONSENT				
Please initial in each bulle	et and sign at the bottom.			
The above information is true to the best of my knowledge.				
I hereby authorize my child,	, to participate in auditions or			
other events held by Pacific Academy Foundation and its affiliations. I understand that I will receive no financial				
assistance for participating in such events, and that Pacific Academy Foundation has my permission to use the				
photographs of my child taken from the audition.				
I hereby release Pacific Academy Found	ation, its employees, associates, and its affiliations from			
any and all liability arising from the participation in the activity/activities should there be damage or injury				
occured in the events.				
In case of emergency, I consent that Pac	cific Academy and its affiliation seek medical assistance			
for my child as necessary, including emergency care and paramedics, should I be absent. I assume full financial				
responsibility for all medical expenses incurred.				
Photo Release I hereby grant permission	on to Pacific Academy Foundation the right to use and			
copyright photographs of my child without restriction for any purpose such as (but not limited to) promotion,				
advertising, and public relations. I hereby release and discharge Pacific Academy Foundation from any and all				
claims and demands arising out of or in connection with the use of the photographs, including any and all claims				
for libel.				

Student Signature