



Scholarship Application

1. Scholarship applications must be submitted with the student's annual registration each year.
2. If the student is currently enrolled and would like to be considered for a scholarship during the school year, a scholarship application must still be submitted for consideration.
3. Incomplete applications will not be considered.
4. If any question does not apply to you in this application please put N/A in the space.
5. Type or print legibly. Illegible applications will be returned to you.
6. You will be notified in writing regarding the status of your application.
7. If you have any questions about the application, please call Emily at 425-844-8608.

Note: A students must first be accepted to Hillside to be considered for a scholarship.

Purpose: To provide scholarships for students who demonstrate the financial need for assistance.

Award Components: Awards vary based upon funds available.

Criteria:

1. Applicant must be accepted to Hillside Academy.
2. Applicant must demonstrate financial need.

Application Process:

Applicant must submit the following items:

1. Complete online application via RenWeb.
2. Complete enrollment requirements set forth per student's grade level.
3. Submit this scholarship application to front office, attention Emily.

Mailing Address: PO Box 1344 Duvall, WA 98019
Physical Address: 26423 NE Allen St. Duvall, WA 98019

Please **type** or **print** your answers. If application is illegible it will be returned to you.

Applicant Information

Last Name:		First Name:	
Mailing Address:			
Street: _____			
City:	State:	ZIP:	
Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.			
Name (s) _____			
Street: _____ City: _____ State: _____ ZIP: _____			
Parent or legal guardians phone:			
Parent or legal guardians email:			



Circle one: New Student or Currently Enrolled	Number of years attending HSA:
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Parent Section to Complete

What are the reasons for requesting these funds? *Please note any extenuating financial circumstances (medical, job loss, unusual expense, etc.) or significant family expenses.*

Summary of Financial Information

	Family:	
1	# of parents in household	
2	# of tax exemptions	
3	#of children	
4	#of children attending Hillside Academy	
	Income:	
5	Parent A wages	
6	Parent B wages	
7	Dividend/ Interest Income	
8	Spousal/ child support received	
9	Other taxable income	
	Assets:	
10	Home present value	
11	Bank account value	
12	Other investment value	
	Debts:	
13	Home unpaid principle & monthly mortgage/ rent	
14	Consumer debt	
15	Other debts	
	Other Expenses:	
16		
17		



18		
19		
20		

Your Estimated Family Contribution:	
Total parent contribution possible for all students.	

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of parent or legal guardian: _____ Date: _____

Signature of parent or legal guardian: _____ Date: _____

For Office Use Only					
Date Received:		Received by:		Award amount:	
Board reviewed:		Approved (Y/N):		Commencement:	