



Scholarship Application

- Scholarship applications must be submitted with the student's annual registration each year.
- 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.
- Incomplete applications will not be considered.
- If any question does not apply to you in this application please put N/A in the space.
- Type or print legibly. Illegible applications will be returned to you.
- You will be notified in writing regarding the status of your application.
- If you have any questions about the application, please call 425-844-8608.

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

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

Award Components: Awards may vary based upon funds available.

Criteria:

- Applicant must be accepted to Hillside Academy.
- Applicant must demonstrate financial need.

Application Process:

Applicant must submit the following items:

- Completed application form (if handwritten, please print legibly)

Please email, mail, OR submit application in person to: **Hillside Academy Scholarship Program**

Email: registrar@hillsideacademy.com

Mailing 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 Guardian's Phone: _____	
Parent or Legal Guardians Email: _____	
Select One: <input type="checkbox"/> New Student or <input type="checkbox"/> Currently Enrolled	Number of years attending HSA: _____

Parent Section to Complete – Part 1

Hillside Academy does not discriminate on the basis of religion, race, color, nationality, ethnic origin, or sexual orientation in its administration of financial policy or admissions.

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

Parent Section to Complete – Part 2

Why would you like your child(ren) to attend Hillside Academy?

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. <i>(Are you able to make any monthly contributions towards the tuition?)</i>	

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:	