

The information on this form determines whether the applicant meets our criteria for financial aid. It is essential that all information on this application be accurate. Aid is based on financial need. Your thoroughness and honesty is essential in order to assure the best use of very limited financial aid funds. This information will be kept in the strictest confidence. Please submit this application, and your registration form after being assigned a teacher and lesson length. Return both forms with 1/3 tuition and appropriate registration fee. For assistance, please check with the ANMS Office.

**I. Student Information**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Teacher \_\_\_\_\_

Lesson Length (please circle) 1/2 3/4 1 hr

**II. Parent/Guardian Information**

1. Parent/Guardian

2. Parent/Guardian

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Tel. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Dependent children and ages

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



III. Name \_\_\_\_\_  
 (Last) (First) (Middle)

**Financial Information**

Combined family assets and income

Combined family liabilities and expenses

**A. Assets**

Cash & Certificates  
of deposits \$ \_\_\_\_\_

Securities \_\_\_\_\_

Real Estate \_\_\_\_\_

Automobile(s) \_\_\_\_\_

Other \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

**A. Liabilities (please itemize)**

Item	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Liabilities Total\$ _____	

**Annual Income**

Parent# 1/Guardian Salary \$ \_\_\_\_\_

Parent# 2/Guardian Salary \$ \_\_\_\_\_

Bonuses/Commissions \_\_\_\_\_

Dividends/Interest \_\_\_\_\_

Real Estate \_\_\_\_\_

Trusts \_\_\_\_\_

Alimony \_\_\_\_\_

Child Support \_\_\_\_\_

Social Security \_\_\_\_\_

ADC \_\_\_\_\_

Other \_\_\_\_\_

Total Income\$ \_\_\_\_\_

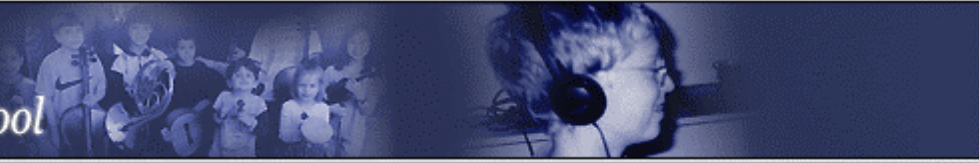
**B. Annual Expenses**

1. Mortgage \_\_\_\_\_

2. Rent \_\_\_\_\_

3. Other \_\_\_\_\_

Total Expenses\$ \_\_\_\_\_



- Please include a 1 PAGE NARRATIVE on why you feel you should receive financial aid.
- The Financial Aid Committee will not consider your application without the narrative.
- We thank you for your accurate and complete disclosure of financial information.
- Please sign below, affirming to us that the information you have provided to us is true, complete and accurate.

Applicant Signature (s) \_\_\_\_\_

Date    /    /

Date    /    /

Relationship to Student  
\_\_\_\_\_