

HALF HOLLOW HILLS PTA COUNCIL
525 Half Hollow Road
Dix Hills, New York 11746

"Confidential"
HALF HOLLOW HILLS PTA COUNCIL COLLEGE ASSISTANCE FUND

All information will be regarded as confidential in nature. All questions must be answered and the completed application must be returned to your child's guidance counselor by **April 7, 2017**. The purpose of this is to give the student financial assistance in the first year of higher education. Completing the application is not a guarantee of receiving any financial assistance. Priority will be given to those students who demonstrate the greatest need.

H. S. East

H. S. West

1. Name _____	Date of Birth _____	
2. Street Address _____ _____	Telephone # _____	
3. Name of Father or Guardian _____	Occupation _____	
4. Name of Mother or Guardian _____	Occupation _____	
5. Other Dependents _____	Age _____	Occupation _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. College/University which you will attend. _____		
7. Attach copy SAR/EFC from FAFSA Application _____ (FAFSA information required) Attach a copy of IRS 1040 Form _____ Student Current Income _____		
8. Estimated Expenses: A. Tuition _____ B. Room & Board _____ C. Other _____	9. Estimated Personal Income (At the time of application) A. Student Savings _____ B. College Financial Aid (Do not include loans) _____ C. Other Aid (Scholarships, Grants, etc.) _____ D. Student Summer Work Income (Estimate) _____ E. Student College Work Income (Estimate) _____	
10. Total Item #8 _____	Total Item #9 _____	
11. Please have the comment sections on page 2 completed. You may include additional information that you feel may assist the Committee in considering your application for this grant (i.e. Resume, Awards, Letters, etc). _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Parent's Signature Date Student's Signature </div>		

