



**FINANCIAL ASSISTANCE**

Are you applying for financial assistance? \_\_\_\_\_

If yes, did you receive the financial assistance application? \_\_\_\_\_

Financial responsibility for the student will be assumed by: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Student's brothers and sisters:

Name	Age	School Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Paternal Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Maternal Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relatives of applicant who are attending or have attended Stella Niagara:

\_\_\_\_\_  
\_\_\_\_\_

**STELLA NIAGARA EDUCATION PARK ACCEPTS QUALIFIED STUDENTS OF ALL RACES, COLORS, RELIGIONS, AND NATIONAL OR ETHNIC ORIGINS.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**(Please include a \$50.00 non-refundable application fee with your completed application form for each student.)**