

Urban Preparatory Academy - Wichita
Scholarship Application
2015-2016 Academic Year

Parent/Guardian Name: _____

Student Name: _____

Birthdate of Student: _____ Gender (M/F): _____ Grade Entering: _____

Prior School attended or Neighbor School (if entering Kindergarten): _____

Will any other children attend a private primary or secondary school this academic year?
 If yes, please list separately on the next page. _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Number of People in Household: _____ Submitted proof of Income (YES/NO): _____

Annual Gross Income		Monthly Expenses	
Salary, Wages, Tips		Mortgage/Rent	
Self-Employment Income		Utilities	
Unemployment Compensation		Insurance (health, car, life, renters, homeowners, etc)	
Social Security Compensation		Student Loan Repayment	
Disability Compensation		Taxes (Payroll, Self Employment, Property, etc)	
Child Support		Other Expenses	
Alimony		Total Monthly Expenses	
Retirement (ie 401(k), Pension, IRA, etc)		multiply by:	
Other Income		Months in the year	12
Total Annual Income		Total Annual Expenses	

Submit your completed scholarship application with copies of the following:

1. Most recent federal tax return (1040, 1040A, 1040EZ)
2. Copies of last 2 check stubs OR letter from employer verifying your annual income.
3. Copies of any supporting documentation for other types of income listed above.
 (ie Self Employment Schedule, bank statements, 1099s.)

Are you receiving other sources of tuition assistance (ie family, third party scholarships, or grants)?
 If yes, please indicate how much: _____

I certify that this information is true and complete to the best of my knowledge, and give permission for this information to be verified. I agree to provide notification if any of this information changes.

 Parent/Guardian Signature

 Date

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Additional Children

Student Name: _____

Birthdate of Student: _____ Gender (M/F): _____ Grade Entering: _____

Prior School attended or Neighbor School (if entering Kindergarten): _____

Student Name: _____

Birthdate of Student: _____ Gender (M/F): _____ Grade Entering: _____

Prior School attended or Neighbor School (if entering Kindergarten): _____

Student Name: _____

Birthdate of Student: _____ Gender (M/F): _____ Grade Entering: _____

Prior School attended or Neighbor School (if entering Kindergarten): _____

Student Name: _____

Birthdate of Student: _____ Gender (M/F): _____ Grade Entering: _____

Prior School attended or Neighbor School (if entering Kindergarten): _____

Student Name: _____

Birthdate of Student: _____ Gender (M/F): _____ Grade Entering: _____

Prior School attended or Neighbor School (if entering Kindergarten): _____

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Prior School attended or Neighbor School (if entering Kindergarten): _____

Student Name: _____

Birthdate of Student: _____ Gender (M/F): _____ Grade Entering: _____

Prior School attended or Neighbor School (if entering Kindergarten): _____