

McCurdy Schools of Northern NM

Financial Aid Form 2022

Instructions: Complete this form and return to the Facility along with application.

Enrolled Participant Information:

Name: (Last) _____ (First): _____

DOB: _____

(Check if applicable for enrolled participant)

_____ Foster Child _____ SNAP (Household currently receiving benefits under the Supplemental Nutrition Assistance Program)

_____ FDPIR (Food Distribution Program on Indian Reservation)

Household Information:

List the first and last name of each person living in the household. Include yourself and all Children other than the one(s) listed above

First:

Last:

Total number of household: _____

Household income: Please indicate source and amount of current income for all members of your household. (The income you report must be last year's annual income from January, 2021-December, 2021

Wages/ Salary \$ _____ Child Support \$ _____ Social Security \$ _____ Pension/ retirement \$ _____

Unemployment \$ _____ Other income \$ _____ Total Income \$ _____

_____ Monthly _____ Annual

Signature of Adult Family Member

Last 4 of SS #

Check if no SS#

Date

For business office office

Full Pay _____ Financial Aid 1 _____ Financial Aid 2 _____ Signature/Date _____