



**73 Reynolds School Rd**  
**Asheville, NC 28803**  
**Tel: 828-299-9844**  
**Email: [ashevilletaasc@gmail.com](mailto:ashevilletaasc@gmail.com)**

## Financial Aid Application

Please complete both pages of this form when requesting financial aid from TAASC.

### Parent or Guardian Information

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own    Rent    (Please circle)

Monthly payment or rent:

How long?

Student Name:

Grade:

### Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly    Salary    (Please circle)

Annual income:

### 2<sup>nd</sup> Parent or Guardian Information

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own    Rent    (Please circle)

Monthly payment or rent:

How long?

### 2<sup>nd</sup> Parent or Guardian Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly    Salary    (Please circle)

Annual income:

### References

Name:

Address:

Phone:


## INCOME INFORMATION

	Parent or Guardian	2 <sup>nd</sup> Parent or Guardian
<b>Annual Income</b>		
Salary Before Taxes		
Other Income		
Support Payments		
<b>Total</b>		
<b>Annual Expenses</b>		
Living Expenses		
Other Annual Bills		
<b>Total</b>		

### Children / Dependents in your family / household

Name	Age	School / College

### STUDENT ESTIMATE OF NEED

\$ \_\_\_\_\_ Program Tuition

\$ \_\_\_\_\_ Amount you are available to pay

\$ \_\_\_\_\_ Net Amount Needed As Financial Aid

Please mail this form along with the other paperwork found in the TAASC application packet to the TAASC office address. ***Please include a copy of your last three pay stubs or a copy of your 2004 tax return.***

**I (We) declare all information provided to true and complete. All applicants must sign below.**

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

Date \_\_\_\_\_