



Nova Elm Academy (NEA)

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FINANCIAL AID APPLICATION

1. STUDENT INFORMATION	
Date of Application: __/__/__	Full Name: (last, first)
Date Of Birth : __/__/__	Gender: (circle) Male / Female

OFFICE USE ONLY
Date Approved: __/__/__
Student #: _____

2. STUDENT INFORMATION	
Date of Application: __/__/__	Full Name: (last, first)
Date Of Birth : __/__/__	Gender: (circle) Male / Female

3. STUDENT INFORMATION	
Date of Application: __/__/__	Full Name: (last, first)
Date Of Birth : __/__/__	Gender: (circle) Male / Female

4. STUDENT INFORMATION	
Date of Application: __/__/__	Full Name: (last, first)
Date Of Birth : __/__/__	Gender: (circle) Male / Female

5. STUDENT INFORMATION	
Date of Application: __/__/__	Full Name: (last, first)
Date Of Birth : __/__/__	Gender: (circle) Male / Female

PARENT/GUARDIAN INFORMATION			
Full Name: (last, first)		Gender: (circle) Male / Female	
Date Of Birth : __/__/__	E-mail:	Social Security Number:	
Home/Mailing Address:		City:	State: ZIP Code:
Home Phone #: ____-____-____	Mobile Phone #: ____-____-____	Work Phone #: ____-____-____	
Residency Status: (circle) U.S. Citizen U.S. Permanent Resident Student Refugee Other (Please Explain): _____		Place of Employment: _____ Position: _____	
If unemployed, explain the reason: _____ _____		Spouse's Full Name: (last, first) _____ Spouse's SSN: _____	
If spouse is unemployed, explain the reason: _____ _____ _____ _____			

Other Members in Your Household

Full Name	Relationship to Student	Age	Male/Female	Employed? (Yes/No)

Monthly Gross Income	Personal Assets
Employment Salary Income: \$	Bank Checking: \$
Social Security Income: \$	Bank Savings: \$
Food Stamps: \$	IRA: \$
Child Support: \$	Pension Fund: \$
Other Public Assistance: \$	Stocks/Bonds: \$
Spouse's Income: \$	Property Equity: \$
Unemployment Income: \$	Other Income: \$
Total: \$	Total: \$

Monthly Expenses
Rent/Mortgage: \$
Utilities: \$
Phone: \$
Car Payment: \$
Car Insurance: \$
Food: \$
Transportation (if applicable): \$
Medical: \$
Credit Cards: \$
Other Expenses: \$
Total Income: \$

Please provide your proof of income, expenses, and assets

- Tax form 1040, 1040A, 1040EZ
- Pay stubs (2 of most recent)
- Support assistance documents (Section 8, Govt assistance, Food Stamps)
- Benefits (medical, disability)

Explain the reason assistance is being requested.

Parent/Guardian Signature: _____ **Date:** ___/___/___