

THE BEACON ACADEMY SCHOLARSHIP AND FINANCIAL AID APPLICATION FORMS

Applying for Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Incoming Year
Please indicate Scholarship Category: <input type="checkbox"/> Scholarship Awards <input type="checkbox"/> Academic Merit <input type="checkbox"/> Athletic Achievement <input type="checkbox"/> Creative Excellence <input type="checkbox"/> Leadership and Community Service <input type="checkbox"/> Financial Aid Awards	

APPLICANT INFORMATION

List all names as recorded in Passport/ Birth Certificate

Last Name		First Name		Middle Name	
Date of Birth (mm/dd/yyyy)		Place of Birth (City, Country)		Citizenship	
Home Address		Home Telephone		Mobile Phone of Applicant	
Home Telephone		Mobile Phone of Applicant		Email of Applicant	
Name of Current School			Annual Tuition Fee		
Number of children in the family		Applicant's Ordinal Position in the family <input type="checkbox"/> eldest <input type="checkbox"/> middle <input type="checkbox"/> youngest			
Does the applicant have any siblings/ relatives in, or have graduated from Beacon Academy? If yes, please indicate names and grade levels.					
Has the applicant participated in advanced level classes (e.g. Advanced Mathematics or Creative writing)? If yes, please explain.					
Has the applicant ever been asked to leave school because of any behavioral/ disciplinary problems? If yes, please explain.					
Does the applicant have any special talent or interest in: <input type="checkbox"/> Band <input type="checkbox"/> Music <input type="checkbox"/> Theater <input type="checkbox"/> Visual Art <input type="checkbox"/> Dance <input type="checkbox"/> Science <input type="checkbox"/> Technology <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Design <input type="checkbox"/> Student Governance <input type="checkbox"/> Other _____					
Please explain:					

PARENT/ LEGAL GUARDIAN INFORMATION

List all names as recorded in Passport/ Birth Certificate

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal Guardian	
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/ Annulled		Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/ Annulled	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Name:		Middle Name:	
Place of Birth:		Place of Birth:	
Citizenship:		Citizenship:	
Visa Status:		Visa Status:	
Employer or Organization:		Employer or Organization:	
Type of Industry:		Type of Industry:	
Position:		Position:	
Annual Income:		Annual Income:	
Office Address:		Office Address:	
Office Phone Number:		Office Phone Number:	
Mobile Phone Number:		Mobile Phone Number:	
Email Address:		Email Address:	

The information obtained during the application process is collected for the sole purpose of assessing the eligibility of the applicant for scholarships or financial aid. Failure to provide complete and accurate information of any kind on this form will void the application.

To the best of my knowledge the information submitted on this form is true and correct.

Signature of Father/ Guardian

Signature of Mother/ Guardian

Date

RECOMMENDATION FORM

This is a recommendation for Scholarships and Financial Aid Awards at the Beacon Academy. It may be written by an authority related to the type of award applied for including, but not limited to, academic advisers, athletic coaches, creative mentors, or community service coordinators.

Student's Full Name:			
	LAST	FIRST	MIDDLE

Please give short statements regarding the following areas concerning the student. Complete this form in confidentiality. Submit to parent in a sealed envelope.

1. In what capacity have you known the applicant? How many years have you known the applicant?
2. Please cite relevant qualities, achievements, and projects of the applicant that may support this recommendation.

Thank you for your valuable time to complete this evaluation. Your reflections are an important part of the application process.

_____ Printed Name over Signature _____ Position, Organization (*if applicable*) _____ Date

Would you be willing to have us contact you for further information? Yes No

E-mail Address and Contact Number: _____

Any and all files as part of the admissions requirement to Beacon Academy automatically become the property of the school. The Academy has the sole discretion whether to disclose, provide, copy or return the same to any party who may so request.

FINANCIAL DATA FORM

Financial Aid Applicants Only

Financial Data Please review financial requirements for a listing of all necessary documents			
P (in Thousand)	Father	Mother	Total
Financial Year (mm-dd-yy)			
Annual Salary			
Other sources of income Please specify 1. 2. 3			
Monthly Expenses			
Assets			
Personal Properties			
Cash on Hand and in Bank			
Car/ Vehicles Please specify 1. 2. 3.			
Others (Please specify)			
Real Properties (Market Value)			
Residential lands			
Non- residential lands			
Residential buildings			
Non- residential buildings			
Total Assets			
Liabilities			
Loans			
Mortgages			
Educational Payments			
Others (Please specify)			
Total Liabilities			
Net Worth (Total Assets Less Total Liabilities)			
Interest Expense			
Net Income Before Taxes			
Net Income After Taxes			

Information obtained during the application process will be kept strictly confidential.

To the best of my knowledge the information submitted on this form is true and correct.

Signature of Father/ Guardian

Signature of Mother/ Guardian

Date