



Swift Sportsdome
1465 South Meadows Pkwy. Reno, NV 89521
www.swiftsportsdome.com/ info@swiftsportsdome.com

Financial Aid Application

Form must be filled out completely. Please do not leave any section blank. If section does not apply, please enter "n/a". To be considered for financial aid, you MUST attach proof of ALL income, school/training program enrollment and other income/public assistance for the past 30 days.

FINANCIAL AID REQUESTS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

You will be notified via phone and/or e-mail of your status.

Name of person(s) scholarship is requested for

Applicant/Parent/Guardian Name:

Marital Status Home Phone Work Phone

Home Address

City State Zip

Employer

Applicant's Spouse (or other Parent) Name:

Marital Status Home Phone Work Phone

Home Address

City State Zip

Employer

INCOME VERIFICATION:

- Employment Yes No Monthly \$
TANF Cash Yes No Monthly \$
SIIS Yes No Monthly \$
Foster Grant Yes No Monthly \$
Child Support Yes No Monthly \$
Pension Yes No Monthly \$
Disability Yes No Monthly \$
Unemployment Yes No Monthly \$
Social Security Yes No Monthly \$
Food Stamps Yes No Monthly \$
Housing Assistance Yes No Monthly \$

Other Income Yes No Monthly \$

Please List

*TOTAL Monthly Income \$



**Please list ALL people living in the household including Applicant & Co-Applicant:
Please add additional page(s) if necessary.**

Name	Date of Birth	Relation To Applicant	Ethnicity (Required for Seniors)	Gender M/F (Required for Seniors)	School or Training Program attending (if applicable)	Program Name and Course Number Requested

I, _____, hereby certify that \$ _____ (*total from front) per month is the total
(Please Print Name)
monthly gross household income and this amount provides for a household of _____.

Consent is granted by this form to disclose or release information that is protected by the Privacy Act to appropriate Federal, State, and Local agencies. This authorization includes, and is not limited to, the above statistical, income, employment, and educational information. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration. I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

Applicant (Parent/Guardian) Signature: _____ Date _____

Program Supervisor _____	Eligible Level _____	Date _____	Effective Dates _____ to _____
--------------------------	----------------------	------------	--------------------------------