DECATS

SUGAR LAND / KATY

DECATS Sugar Land/ Katy
Application for Financial Aid
Information provided herein will be treated as highly confidential.

Name of the scholar:_____

Father's Name:_____Phone:_____

Address:_____

Name of Employer:_____Occupation:_____

Mother's Name:_____Phone:_____

Name of Employer: _____ _____Occupation:_____

Marital Status: Married____ Single _____ Divorced_____ Widowed_____

How many years have you had scholars attend DECATS (including this summer?)_____

Copy of first and second page of your current 1040 Internal Revenue Service Income Tax return must be attached before your application for financial aid can be considered.

Do you have expenses not listed on your income tax return?

- Your tuition for DECATS Sugar Land: **$800**
- Amount of financial aid requested from DECATS Sugar Land/Katy:_____
- Amount to be paid by you:_____
- Email this application and documents to jhernandez@decats.net

_____ _____

Parent Signature(s) Date