



Scholarship Office
2740 Beechwood Blvd., Pittsburgh, PA 15217

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

Name of Student: _____ Date of Application: _____

AJL Program for which Aid is requested: _____

School Year _____ Current Grade of Student _____

Address _____

Father's Name _____ Age _____

Father's Occupation _____ Annual Income _____

Mother's Name _____ Age _____

Mother's Occupation _____ Annual Income _____

Combined income from all other sources _____
(including Veteran's Benefits, Social Security, etc.)

Names and ages of other children in family _____

Please explain briefly any unusual financial circumstances relevant to this application (Continue on back of this form if necessary)

What is the maximum amount you feel you can afford to pay for this program? _____

FOR CONSIDERATION YOU MUST FULLY COMPLETE THIS FORM, AND SUBMIT A COPY OF YOUR MOST RECENT INCOME TAX RETURN ALONG INCLUDING ALL SCHEDULES.

Signature of Principal Income Earner

ALL INFORMATION AND FINANCIAL ARRANGEMENTS WILL BE KEPT STRICTLY CONFIDENTIAL BY THE AJL SCHOLARSHIP COMMITTEE. IN TURN, PARENTS ARE ASKED TO TREAT SUCH MATTERS CONFIDENTIALLY AS WELL.