

A. P. Sereno Memorial Scholarship/Tuition Application SY 2026-2027

STUDENT INFORMATION

Student Full Name:

Date of Birth (MM/DD/YYYY):

Grade Applying For:

Current School:

Current Grade / GPA:

Student Lives With:

PARENT / GUARDIAN INFORMATION

Primary Parent Name:

Relationship:

Phone:

Email:

Employer:

Occupation:

FINANCIAL INFORMATION

Under \$25,000

\$25,001–\$50,000

\$50,001–\$75,000

\$75,001–\$100,000

Over \$100,000

Other Income:

Estimated Monthly Expenses

Housing:

Utilities:

Food:

Transportation:

Medical:

Other:

SPECIAL CIRCUMSTANCES

REQUESTED ASSISTANCE

Tuition Amount:

Family Contribution:

Requested Assistance:

Signature:

Date: