Financial Aid Application Form

For students/mentors staying at the dershane who would like to apply for financial aid.
Please print clearly. Your information will remain confidential.
You can send your responses to contact@lehighdialogue.org

Personal Information

First Name

Last Name

Date of Birth

Phone

Email

Education

Current School

Do you work? (Yes/No)

If yes, monthly income

Other scholarships (if any)

Tuition Cost per Semester

Monthly Tuition Payment (if applicable)

Financial Situation

Monthly amount you expect to receive from parents to help with housing and living expenses

Expected scholarship amount

Family Information

Parent/Guardian 1 Name

Annual Income 1

Parent/Guardian 2 Name

Annual Income 2

Applicant lives with (Mother/Father/Both/Other)

Agreement

I certify that the information provided is true and correct.