

2020-2021 NEW STUDENT

AHCT Application for Financial Assistance

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

University: _____

Expected Year of Graduation: _____

Advisor: _____
Name Email or Phone

Major: _____

Career Goal: _____

Special Recognition (e.g. honors, prizes, awards, scholarships): _____

Current School/extracurricular activities (e.g. class offices, clubs, band, newspaper, athletics, etc): _____

Current community or school activities (church, clubs, volunteer, etc.):

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Financial Worksheet for:

Annual Tuition: _____

Housing Cost (if applicable): _____

Misc. Cost (Computer, etc.): _____

LESS Financial Aid/ Scholarships _____

LESS Personal Funds/Loans: _____

NET ANNUAL Amount Needed: _____

Amount Requesting: _____

CHECK LIST: Please submit the following:

- ___ Application and Financial Worksheet
- ___ Transcript
- ___ Proof of Registration
- ___ 1 to 2-page introductory essay/personal history - feel free to include goals and aspirations. (Include Name, University attending and Grade as of 9/1 in header)
- ___ Letter of Recommendation from a teacher or counselor.

Submit by June 23, 2020 by email or US Mail:

AHCT
c/o Susan Hanna, Executive Director
26 Riverside Terrace
Blauvelt, NY 10913
Via Email: Shanna@diplex.com