

RIVERVIEW MEMORIAL SCHOOL
Application for Student Financial Aid
2026-2027 School Year

Please fill out the information below:

Parent/Guardian Information:

First Name(s): _____ Last Name: _____
Address 1: _____ Town/City: _____
State: _____ Zip Code: _____ Home #: _____ Work #: _____

(If different addresses for one parent/guardian)

First Name: _____ Last Name: _____
Address 2: _____ Town/City: _____
State: _____ Zip Code: _____ Home #: _____ Work #: _____

Father's Occupation: _____ Annual Gross Income: _____
Mother's Occupation: _____ Annual Gross Income: _____
Other Annual Income: (specify) _____ \$ _____ (May include
Disability/Pension/Rental Income/Child Support and/or any other income.)

Family's Denomination: _____ Church Membership: Yes No
Pastor's Name: _____ Pastor's Phone: _____
Number of Dependent Children: _____ Ages of Children: _____
Number of Dependent Children in School: Elementary: _____ High School _____ College _____ Total Amount
Tuition Paid by Parents: Elementary: \$ _____ High School \$ _____ College \$ _____

Student Information:

Full Name: _____ Grade for 2026-2027: _____
Address: _____ Town/City: _____
State: _____ Zip Code: _____ New Student: Yes No
Birth Date: ___/___/___ Age: _____ Phone: _____ (if different)
Summer Earnings: \$ _____ Scholarships: (specify) _____ \$ _____
Church Assistance: \$ _____ Other Assistance: (specify) _____ \$ _____

Parent/Guardian Signature

Parent/Guardian Signature

Student Signature

Date

Please submit this application with a copy of your most current tax return.
Application must be completed and returned as soon as possible.
Aid will be on a first come, first serve basis.