



FINANCIAL STUDY APPLICATION 2021

“GOTH CONSULTORES Y ASOCIADOS”

FAMILY NAME: _____

Name of the student applying for an scholarship	School grade for 2021-2022 school year	Section (Early Childhood, Elementary, Middle School or High School)

Home Phone _____

Parent/guardian cell phone _____

Address (street, number, exterior and/or interior) _____

Neighborhood (colonia) _____

Between which streets? _____

City _____

Father/guardian email _____

Mother/guardian email _____

FATHER/GUARDIAN INFORMATION

Last name _____ First Name(s) _____

Age _____

Highest education level achieved _____

Occupation _____

Company or employer _____

Position and seniority _____

Office address _____

Office phone _____

BENEFITS YOU RECEIVE BEFORE TAXES

This information must match the statements provided from payroll receipts and/or account balances.

Category	Amount	Category	Amount
Base salary	\$ _____	Savings account	\$ _____
Vacation allowance	\$ _____	Other bonuses or commissions	\$ _____
Vacation bonus	\$ _____	Other	\$ _____
Christmas bonus	\$ _____		

If you participate in any other activity that provides additional income, state it below:

MOTHER/GUARDIAN INFORMATION

_____ Last name _____ First Name(s)

_____ Age _____ Highest education level achieved _____ Occupation

_____ Company or employer _____ Position and seniority

_____ Office address _____ Office phone

BENEFITS YOU RECEIVE BEFORE TAXES

This information must match the statements provided from payroll receipts and/or account balances.

Category	Amount	Category	Amount
Base salary	\$ _____	Savings account	\$ _____
Vacation allowance	\$ _____	Other bonuses or commissions	\$ _____
Vacation bonus	\$ _____	Other	\$ _____
Christmas bonus	\$ _____		

If you participate in any other activity that provides additional income, state it below:

CANDIDATE FAMILY STATUS

Does the candidate student live with his/her parents?

yes _____ no _____

Parental marriage status: _____

PARENT'S FINANCIAL DEPENDANTS

Name	Age	Grade Level	School	Tuition fee (excluding scholarships)	If this person currently has a scholarship, please note the percentage or amount of the scholarship

NOTE: If you have any other financial dependents, please note the type of support you provide and an explanation (name, age, relationship to you, support circumstances)

FAMILY PROPERTIES

Real estate: house(s)/ land	Number of square meters	Appraised value	owner
		\$	
		\$	
		\$	
		\$	

Vehicle(s))	Make and model	Approximate value (blue book)	owner
		\$	
		\$	
		\$	
		\$	

BANK CREDIT AND LOAN INFORMATION

Holder	Bank	Amount of debt

APPROXIMATE MONTHLY EXPENSES

CATEGORY	AMOUNT	CATEGORY	AMOUNT
Rent/ Mortgage	\$	Home insurance	\$
Appraised property value payment	\$	Car insurance	\$

Water	\$	Life insurance	\$
Electricity	\$	Health care insurance	\$
Gas	\$	Education insurance	\$
Cell phone	\$	Health expenses	\$
Home phone	\$	Clothes/accessories/ furniture	\$
Cable/internet	\$	Books/magazines	\$
Groceries	\$	Uniforms	\$
Home maintenance	\$	Gifts (birthdays/parties/memorials /celebrations)	\$
Neighborhood/condo maintenance fee	\$	Entertainment (movies/ concerts/theatre/etc.)	\$
Surveillance	\$	Private Club Name: _____	\$
School enrollment	\$	Home Personnel	\$
Tuition	\$	Car payment	\$
Extracurricular activities	\$	Gasoline	\$
Private sports lessons	\$	Transportation	\$
		TOTAL	\$

TRIPS

LEISURE:

Destination(s)	People	Date(s)	Amount
			\$
			\$
			\$
			\$

TOTAL \$ _____

WORK:

Destination(s)	Companion(s)	Date(s)	Amount
			\$
			\$
			\$
			\$

TOTAL \$ _____

I hereby declare that the data presented in the above questionnaire and the documents provided are authentic and truthful, and I authorize the company contracted by ASFG to verify them as desired and photograph our home in the visit conducted as a part of this process.

Likewise, I agree to receive the people assigned, on the date and times agreed upon, and understand that if, for any reason, the meeting cannot take place, the application will be cancelled, as this is a crucial requirement of the scholarship process.

I also understand that in the case that any documents or information are falsified or omitted, this application will be automatically cancelled .

Name and signature (parent/guardian)