



UNIVERSITY OF
DREAMS

THE SCHOOL THAT FAITH BUILT

U of D Leadership and Arts Academy **Student Financial Support Team**

*One support member must be a parent or guardian

Title: Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Email: _____

Home Address: _____

City _____ State _____ Zip _____

Which student are you financially supporting? _____

Grade Applying For: 1st Grade 2nd Grade 3rd Grade 4th Grade

What is your relationship to the scholar?

Birth Parent: Mother Father **Step Parent:** Mother Father

Grandfather Grandmother Aunt Uncle Other _____

Friend of the Family Church Member

Circle Preferred Contact: Cell Work Home

Cell (____) _____ Work (____) _____

Home (____) _____

Yes, I will be a financial supporter of the above-named student as he/she attends the University of Dreams at IBOC Leadership and Arts Academy for the 2019 - 2020 school year.

Signature of Financial Support Team Member:

Printed Name of Financial Support Team Member:

Today's Date: _____ / _____ / _____