

Financial Aid Application

Parent or Guardian Information		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Student 1 Name:	Grade:	Teacher:
Student 2 Name:	Grade:	Teacher:
Student 3 Name:	Grade:	Teacher:
Student 4 Name:	Grade:	Teacher:

Parent or Guardian Employment Information		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary	Annual income:

2 nd Parent or Guardian Information		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
2 nd Parent or Guardian Employment Information		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

OTHER CHILDREN IN YOUR FAMILY

Name	Age	School/College	Annual ED Cost

INCOME INFORMATION

	Parent or Guardian	2 nd Parent or Guardian
Annual income		
Salary Before Taxes		
Other Income		
Support Payments		
Total		
Expenses		
Living Expenses		
Other Annual Bills		
Total		
Net Income (total income minus total expenses)		

Assets		
Cash on Hand & in Accounts		
Real Estate Value		
Investment Value		
Other Assets (specify)		
Auto (year/model)		
Auto (year/model)		
Total		
Debts		
Mortgages		
Bank Cards & Credit Cards		
Auto (year/model)		
Auto (Year/model)		
Other Debts (specify)		
Total		

ESTIMATE OF NEEDS

Field Trips

After School

Before School

Classroom Supplies

Child	Amount I can Provide	Amount I need	Amount I can Provide	Amount I need	Amount I can Provide	Amount I need	Amount I can Provide	Amount I need

I (We) declare that the information is true and complete.

I (We) have enclosed a copy of most recent income tax returns (personal or business) or a copy of our last three pay stubs. Application will not be processed without submitting this documentation.

Signature

Date

Signature

Date