



Financial Aid Application

Application for academic year _____

(1) STUDENT AND FAMILY INFORMATION

Student A

1. Last Name _____ First Name _____ M.I. _____
 Date of Birth _____ Gender _____

2. Class student will enter in August ___ Toddler ___ Primary ___ Lower Elementary ___ Upper Elementary

3. List adults and the relationship of those responsible for students' care and needs. Example: Lucy Jones, mom

Adult 1 _____ Adult 2 _____

Adult 3 _____ Adult 4 _____

4. Student lives with: *Please list all adults in shared/joint custody arrangements.*

Student B

1. Last Name _____ First Name _____ M.I. _____
 Date of Birth _____ Gender _____

2. Class student will enter in August ___ Toddler ___ Primary ___ Lower Elementary ___ Upper Elementary

3. List adults and the relationship of those responsible for students' care and needs. Example: Lucy Jones, mom

Adult 1 _____ Adult 2 _____

Adult 3 _____ Adult 4 _____

4. Student lives with: *Please list all adults in shared/joint custody arrangements.*

Student C

1. Last Name _____ First Name _____ M.I. _____
 Date of Birth _____ Gender _____

2. Class student will enter in August ___ Toddler ___ Primary ___ Lower Elementary ___ Upper Elementary

3. List adults and the relationship of those responsible for students' care and needs. Example: Lucy Jones, mom

Adult 1 _____ Adult 2 _____

Adult 3 _____ Adult 4 _____

4. Student lives with: *Please list all adults in shared/joint custody arrangements.*

(2) PARENT/GUARDIAN INFORMATION

Parent/Guardian A 5. Applicant information to which all correspondence will be mailed or emailed.

Name _____ Relationship to Student _____

Email _____ Mailing address _____

City _____ State _____ Zip Code _____ Phone _____

Occupation _____ Title _____

Employer _____ Years with firm _____ Part-time Full-time

Parent/Guardian B (If applicable)

6A. Name _____ Relationship to Applicant _____
Address _____ Phone _____
Occupation _____ Title _____
Employer _____ Years with firm _____ Part-time Full-time

Parent/Guardian C (If applicable)

6B. Name _____ Relationship to Applicant _____
Address _____ Phone _____
Occupation _____ Title _____
Employer _____ Years with firm _____ Part-time Full-time

(3) NEED AND ABILITY TO PAY INFORMATION

7. How much money are you requesting **annually** in financial aid? Please give a specific dollar amount that you would need to offset your annual tuition. _____

8. Are you interested in receiving Work Exchange (barter work at the rate of \$12/hour) as a part or all of your financial aid?
___ Yes ___ No

8a. If Yes, please circle the types of work exchange that you are capable/ willing to do:

- | | |
|----------------------|----------------------|
| Housekeeping | Technology Upkeep |
| Groundskeeping | Teacher Assistance |
| Facility Maintenance | Administrative Tasks |

8b. Please list how many hours a month you are available to do work exchange, and specific days of the week/ hours of the day that you are available to work at the school:

9. What are your sources of income for paying tuition? Please include gifts from relatives or friends, private education funds, etc.

10. What else do you want us to consider with respect to your ability to pay? Please be specific about your circumstances.

11. Please attach a copy of your 2022 Federal Tax Return(s)

(4) CERTIFICATION AND AUTHORIZATION

I/We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. I/We recognize that intentionally providing false or inaccurate data may impact our ability to receive financial aid.

Parent/Guardian in Question 5 Signature _____ Date _____

Parent/Guardian in Question 6 (if applicable) Signature _____ Date _____