

SUPPLEMENTAL FINANCIAL ASSISTANT APPLICATION SCHOOL YEAR 2024-2025

We will make every effort to distribute Financial Assistance budget as equitably and fairly as possible. This requires the cooperation of the applicants in supplying the School with the information needed.

- *Applying does not guarantee tuition assistance
- *Between 10% 30% tuition assistance is given out
- *Applications have a deadline each year of Dec 15th.
- *Late applications will only be reviewed if funds remain and after all timely applications have been processed.
- *Applications will be reviewed and finalized by February 15th.

All information submitted is handled in strictest confidence.

Print Name(s):

Student's Name:			Current	Current Classroom:	
	First	Middle	e Last		
Parent 1:					
Address:	Parent(s)/Gua	dian(s) Financially Res	sponsible for Student		
7 (ddi 0001	Street			City	Zip
Telephone:	Home			Work	
Email					
Parent 2:					
	Street			City	Zip
Telephone:	Home			Work	
Email					
The informa	ition reporte	ed on this form	is complete and co	rrect to the best of	f my/our knowledge.
Form compl	eted by:				
Signature(s):Date Submitted			Date Submitted:		

DOCUMENTATION

- 1. Checklist of required documentation to submit. Please send copies directly to the school office:
 - A. Most current year of Federal Income Tax Return (form 1040) with all accompanying Schedules
 - B. All W-2 forms
 - C. All 1099 forms
 - D. If you are Self Employed you must include the following if appropriate: Schedule C of form 1040 Schedule 1120 if you are incorporated Schedule 1120Sh if you are a Subchapter S Corporation Form K-1 if you are a shareholder or partner Prior year's Balance Sheet for your business
 - E. If you are divorced or legally separated please submit the appropriate section of your most recent decree, which indicates:

Child support
Custody arrangements
Spousal support

Arrangement for educational expenses

It is very helpful to the Committee to understand your obligations. Please submit a list of your monthly income and expenses. If you have irregular income, such as commissions, allocate 1/12 of your annual income to this monthly budget. If you have irregular expenses, such as insurance, property tax payments, or vacation expenses, please allocate 1/12 of the total to this monthly budget. Please use our form on page three.

2. Family MONTHLY Budget

It is important for you to have a clear picture of your monthly expenses along with the financial statement you submitted to the School and Student Service for Financial Aid. Please complete the following monthly budget:

Monthly Income:		Monthly Expenses:		
Parent #1 Salary/Net Wages	(after taxes)	Mortgage(s) Property Taxes		
Parent #2 Salary/Net Wages	(after taxes)	Home Insurance Home Repair & Maintenance Household Supplies Utilities		
Business/Professional Dividends/Interest		Telephones Rent Renter's Insurance		
Rentals (gross) Spousal Support Child Support Disability		Automobiles: Make Year Lease or owned? Make Year Lease or Owned		
Unemployment Social Security Other		Total Auto Payment(s) Auto Insurance		
Total Current Monthly Net Income	(after taxes)	Auto Maintenance & Repairs Medical/Dental Insurance Medical & Dental Expenses		
	(area taxes)	Life Insurance Groceries Entertainment Clothing Vacations Tuition (current) Tuition — Other children		
		Child Care & Activities (from pg.5) Incidentals Credit Card Payments		
		Other: Other:		
		Total Current Monthly Expenses \$		

DO NOT LEAVE BLANK (Yearly Figure)

(Icurty I igure		
Resources available to cover tuition f	for the school year:	
From parent(s)	
\$	<u>-</u>	
From relatives and t	friends	
\$		
From student ass	sets	
\$		
From other source	ces	
\$		
Total amount available to pay for tuition for the school year.		
\$ (not month	hly amount)	

3. Home Refinancing: Have you refinanced your home in the past 2 years:		
How many times:		
Do you have an equity line of credit:		
If so, what was the total line of credit: What is the current balance:		
What is your home equity: \$as of (date):		
4. Credit Card Debt Please explain, in detail, why you incurred this credit card debt:		
5. Children's Activities, Care & Education		
Please complete the following if your child (or children) are in day care or participate in other programs. Indicate your MONTHLY expenses for these activities:		
 Number of children in family Child's name, grade, and school currently enrolled. Please indicate if you are receiving any financial assistance for each child. 		
Child #1		
Child #2		
Child #3		
 Day Care Monthly Cost After School Care/Program Monthly Cost 		
Summer School (cost ÷ 12 months = a Monthly Cost of) \$		
Camp (cost ÷ 12 months = a Monthly Cost of)\$		
Club Sports Activities Monthly Cost \$ Sports Activities Monthly Cost Sports Activiti		
Lessons: Type Monthly CostTutoring: For Monthly Cost\$		
Other:		
Total Monthly Costs \$		

If parents are separated or divorced, please describe the financial and custody arrangements for the education of your child:				
Fully describ	e in Family's Circumstances be any recent changes in your fam ses that affect your ability to pay to	•		
Is this an isolated or continuing situation/need?				
WhatDo yoDo a		ou own? our home?		
forms, as a	pyed individuals must also attace appropriate: _ Schedule C of Form 1040 or Pro _ Schedule 1120 form if your come _ Schedule 1120Sh if your compa _ Form K-1 if you are a sharehold partnership has not filed its 202 deadline date, please submit the of the 2023 K-1) I the beneficiary of a trust:	ofit and Loss Statement repany is incorporated repany is a Subchapter S Corporation repartner (please note: if the		
-	received an inheritance:	Amount: Amount:		

10.	Do you have any other resources available to your family to help pay the cost of private school tuition; i.e. extended family members. Please give details:				
11.	Other Comments				
	ease provide any other comments or other information, which would be tinent to your application: You may attach an additional sheet if needed.				

Return this completed form to the school office.