Programs for Talented Youth

FINANCIAL AID APPLICATION

Use this form to apply for financial aid. Your financial aid application must include most recent tax forms (W-2 and 1040) for all wage-earners in the family. We will use this information to determine your eligibility for financial aid and the amount of the award. All awards are for partial tuition. Balance due information will be included with award notification.

APPLICANT INFORMATION (Please type or print)

Applicant's name			
	Last	First	Middle
Date of Birth			

Student is an applicant to the following program:
SAVY
Career Connections
WAVU
VSA

HOUSEHOLD INFORMATION

Guardian/Mother's name	Occupation
Daytime telephone ()	Employer name
Guardian/Father's name	Occupation
Daytime telephone ()	Employer name

Parents' current marital status
Married
Divorced
Separated
Single
Widowed

Applicant lives with (check all that apply) Mother Father Guardian Grandparent(s)

List the names of all people living in the applicant's main household, related or not, such as grandparents, other relatives, friends. (You may use a separate piece of paper if needed)

Name and relationship to the applicant (List the applicant first)	Age
Name and relationship to the applicant	Age
Name and relationship to the applicant	Age
Name and relationship to the applicant	Age
Name and relationship to the applicant	Age

HOUSEHOLD INCOME INFORMATION

Do you or any people living in the student's r	nain household	(grandparents	, other relatives, fri	ends, etc.) receive:
Child support payments?	🗅 Yes	🗖 No	lf yes, \$	/month
Social Security payments?	🗅 Yes	🖵 No	lf yes, \$	/month
SSI payments?	🗅 Yes	🗖 No	lf yes, \$	/month
Welfare, or any other public assistance?	🗅 Yes	🗅 No	lf yes, \$	/month
Does applicant quality for free lunches at sch	ool? 🗆 Yes	🗖 No		

Housing, food, or other living allowances pai	id to	members	of the clergy, military, a	nd others?		
(Do not include Military Housing Privatizatio	n hou	using allo	wance)			
	Yes	🗅 No	lf yes, \$	/month		
Financial assistance from people who are no	t mer	nbers of (the household?			
(Include expenses paid on your behalf)						
	Yes	🗅 No	lf yes, \$	/month		
Untaxed workers compensation, disability, r	etire	ment, or v	veterans' benefits?			
	Yes	🗆 No	lf yes, \$	/month		
Any other income not listed above and not re	eport	ed on you	ır federal tax return?			
	Yes	🗆 No				
If yes, list type of benefit(s) and amount(s) b	elow	:				
					\$	/month
					\$	/month
					Ś	/month

ASSETS INFORMATION

Current value of cash/savings/checking	\$
Current value of stocks and investment accounts	\$
Current value of your business(es) or farm(s)	\$
Balance of associated loan(s)	\$
Current value of other real estate owned	\$
Balance of associated loan(s)	\$
Current value of your home (if you own)	\$
Balance of associated loan(s)	\$

EXPENSES

Monthly rental payment if you rent your home	\$
Monthly mortgage payment if you own your home	
Annual child support/alimony payment	\$
Annual amount you pay out of pocket for family medical expenses not covered by insurance	
Annual amount of out-of-pocket expense for tuition and fees	\$
Travel expense to program	\$
Number of children in college	

Please explain any special circumstances that we should consider when awarding financial aid.

All financial aid applications must include a signed copy of your most recent federal income tax return or free lunch letter. *Include copies of all forms and schedules listed below that were included in your tax return, including:*

W-2 Forms • Form 1040, 1040A, or 1040EZ • Form 4562 • Schedule A • Schedule C and/or F • Schedule D

If you are divorced, you are required to include tax forms for only the custodial parent.

If you are completing your financial aid application before you have completed your 2017 tax return, you may send a copy of your 2016 tax return and all applicable schedules and forms. Please also attach copies of your 2017 W-2 forms for all wage earners in the household. If you have not yet received a 2017 W-2 form, you may substitute a copy of your 2017 year-end pay stub, if it includes 2017 year-end earnings information. If it does not, you may substitute a signed statement from your employer on company letterhead.

I certify that all statements, information, and attachments submitted with this form are truthful, accurate, and complete.