

Financial Aid Application

Please complete all sections of this application; incomplete applications will not be reviewed.

If applying for Financial Aid from outside the US, please complete sections as accurate as possible, substituting your financial data/background in appropriate places.

		Part I	
	S	Student Information	
Student Name:	Last	First	□ Male □ Female
Student Address:	Street		
Grade Applying For: _	City	State Academic Year:	Zip Code
Applying For: □ Board	ing Student	□ Day Student	
	Parer	t/Guardian Information	
Father's Name: Parent Address:	Last	First	
	Street		
Occupation:	City	State	Zip Code
Employer:			
Number of years with the	nis company:	Is this position □ Full Ti	me or □ Part Time
Mother's Name:	Last	First	
Parent Address:	Street		
Occupation:	City	State	Zip Code
Employer:			
Number of years with the	nis company:	Is this position □Full Tin	ne or □Part Time

Income Tax Information

(USA Residents please attach a current Income Tax Return with this application.) Residents of other countries please attach as equivalent financial information as possible.

Income Tax Filing Status for USA Residents:	 □ Single □ Married, Joint Return □ Married, Filing Separate □ Head of Household 	ly
How many federal income tax exemptions did you	ı claim?	
How many children, including the student applica support from you?	nt, are residing in your home	? And/or receiving
How many children entered above will be attending schools or colleges? Enter at least one (1) for study	9	-charging preschools,
Parent Incom	me & Expenses	
Total taxable income before deductions: In US D	ollars	
A. Annual Salaries and wages – for parent 1 (Pleas	e attach a current wage statement)	\$
B. Annual Salaries and wages – for parent 2 (Pleas	\$	
C. Dividend and/or interest income	\$	
D. Alimony Received		\$
E. Net Profit/Loss from business and/or farm. (If	loss, please make notation)	\$
F. Other taxable income. (If loss, please make notation	n)	\$
Untaxed portion of payments IRA		\$
Keogh plan payments and self-employed SEP deduction		\$
Other IRS allowable adjustments to taxable income		\$
Total nontaxable income:		
A. Child support received for all	l children	\$
B. Social Security benefits for e	ntire family	\$
C. Other nontaxable income		\$
IRS total itemized deductions form IRS S	chedule A	\$
Total medical and dental expenses not rei	mbursed by insurance	\$
Unusual Expenses (please describe)	\$	

Home (if owned)		\$_ Present Market Valu	ie		of Unpaid l on 1 st Mortg	age	\$	
Year of 2 nd Morts	gage	\$_ Present Market Valu	ie	\$	of Unpaid l on 1 st Mortg	age	\$ Annual Payments on I st Mortgage	
Year of Equity Lo	oan	\$_ Present Market Valu	ie		of Unpaid Pri ortgage/equit		\$	
All Other Real Es	state	\$_ Present Market	-		r real estate u e principal	npaid	\$ Annual Payments on other property	
Bank Accounts-total of payments checking and savings accounts \$					\$			
Investments-net v	value (stocks, bond	ls, mutual funds	, etc.)				\$	
Indebtedness (Do	not include mortg	gages, business,	farm	or car)			\$	
amount of annual	n your own home & l rent. at will be available	Pa	rt II		lemic yea	r:	\$	
From Parents Income & Assets	From Child Support	From Student's Ass & Earnings	ets	From Friends and Trust	*	From	other sources (please expl	ain)
\$	\$	\$	\$		t I wilde	\$		
*(Please Note: A dollar amount of "0" is unacceptable, resulting in an incomplete application.)								
List all family can 1	rs (make and year)	: □ Own	□ Le	ease	□ Provi	ded by	Employer	
2		□ Own	□ Own □ Lease		□ Provided by Employer			
3 □ Own □ Lease □ Provide		ded by	Employer					
Current Total Car	r Debt: \$	Annua			se: \$			

This application has been developed for Washington Academy.

All information supplied by the applicant will be held in the strictest of confidence and will be used for determination of financial aid by Washington Academy only.

It will not be made available to any other individual or group not associated with this purpose.

Washington Academy admits students of any sex, race, color, religion, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, religion, handicap, and sexual orientation, national or ethnic origin in the administration of its education policies, financial aid,

scholarship programs and athletic and other school administered programs.

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Complete this item only if student applicant's parents are separated, di	vorced, or never married.
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□ Divorced, Date of Divorce	· · · · · · · · · · · · · · · · · · ·
□ Separated, no court action	_
☐ Legally Separated, Date of Separation _	
□ Never Married	
- Never Married	
Non-Custodial Parent's Full Name	
Home Address:	
Telephone Number:	
Occupation:	
Employer:	
Name of Parent who claimed student as a tax exer	nption:
Is there any agreement specifying a contribution for	or this student's educational expense? Yes No
Parent's Certifica	te and Authorization
and is true, correct and complete. We agree	nis form is to the best of our knowledge and belief, e to send an official copy of our latest tax return hington Academy.
Signature of Father or Guardian	Date
Home Telephone Number	Work/Cell Phone Number
Signature of Mother or Guardian	Date
Home Telephone Number	Work/Cell Phone Number