



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 Student Information

Student Name: _____ Male Female
Last First

Student Address: _____
Street

City State Zip Code

Grade Applying For: _____ Academic Year: _____

Applying For: Boarding Student Day Student

Parent/Guardian Information

Father's Name: _____
Last First

Parent Address: _____
Street

City State Zip Code

Occupation: _____

Employer: _____

Number of years with this company: _____ Is this position Full Time or Part Time

Mother's Name: _____
Last First

Parent Address: _____
Street

City State Zip Code

Occupation: _____

Employer: _____

Number of years with this company: _____ Is this position Full Time 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 Separately
 Head of Household

How many federal income tax exemptions did you claim? _____

How many children, including the student applicant, are residing in your home? And/or receiving support from you? _____

How many children entered above will be attending full-time childcare, tuition-charging preschools, schools or colleges? Enter at least one (1) for student applicant. _____

Parent Income & Expenses

Total taxable income before deductions: ***In US Dollars***

A. Annual Salaries and wages – for parent 1 <i>(Please attach a current wage statement)</i>	\$ _____
B. Annual Salaries and wages – for parent 2 <i>(Please attach a current wage statement)</i>	\$ _____
C. Dividend and/or interest income	\$ _____
D. Alimony Received	\$ _____
E. Net Profit/Loss from business and/or farm. <i>(If loss, please make notation)</i>	\$ _____
F. Other taxable income. <i>(If loss, please make notation)</i>	\$ _____
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 children	\$ _____
B. Social Security benefits for entire family	\$ _____
C. Other nontaxable income	\$ _____
IRS total itemized deductions form IRS Schedule A	\$ _____
Total medical and dental expenses not reimbursed by insurance	\$ _____
Unusual Expenses (please describe)	\$ _____

Part III
Complete this item only if student applicant's parents are separated, divorced, or never married.

- Divorced, Date of Divorce _____
- Separated, no court action
- Legally Separated, Date of Separation _____
- Never Married

Non-Custodial Parent's Full Name _____

Home Address: _____

Telephone Number: _____

Occupation: _____

Employer: _____

Name of Parent who claimed student as a tax exemption: _____

Is there any agreement specifying a contribution for this student's educational expense? Yes No

Parent's Certificate and Authorization

We declare that the information reported on this form is to the best of our knowledge and belief, and is true, correct and complete. We agree to send an official copy of our latest tax return directly to Washington 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