

FINANCIAL STATEMENT

Please complete the following and return it with the Application Package

**I. STUDENT BIOGRAPHICAL DATA:**

Student Name: _____ (LAST, FIRST)

Present School: _____ Present Grade: _____

Home address: _____

Telephone Number: _____ E-Mail: _____

II. PARENT INFORMATION:

(To be completed by the parent(s) you live with)

Mark one:

Father Stepfather Legal Guardian

Name _____ Age _____

Self-employed Unemployed since _____

Occupation _____

Employer _____ No. of yrs. _____

May we contact you at work Yes No

Work telephone _____

Mark one:

Mother Stepmother Legal Guardian

Name _____ Age _____

Self-employed Unemployed since _____

Occupation _____

Employer _____ No. of yrs. _____

May we contact you at work Yes No

Work telephone _____

III. FAMILY MEMBER DATA:

Please list below:

- Student and parents
- Other siblings if parent(s) will provide more than half of their support for 2020-2021
- Other people if they live in the house hold and parent(s) provide more than half of their support for 2020-2021

Full Name	Age	Relationship to Student	Name of School/ College	Grade/ Form in School

IV. FINANCIAL DATA:

Parent Expenses for Year 2020-2021

Child support paid to another household \$ _____
 Medical and Dental expenses not covered by insurance \$ _____

Assets

Cash/Savings/Checking accounts \$ _____
 Value of Assets in Children's name \$ _____
 Investments \$ _____

*Include trust/mutual funds, stocks, bonds etc.

	Home	Other Real Estate
What is it worth?	\$ _____	\$ _____
What is owed on it?	\$ _____	\$ _____
Year of Purchase	_____	_____
Purchase Price	\$ _____	\$ _____

Monthly Mortgage or rental payment (**circle one**) \$ _____ \$ _____

	Year 2020	Year 2021
<u>Total Taxable Income Before Taxes</u>		
Father's wages	\$ _____	\$ _____
Mother's wages	\$ _____	\$ _____
Dividend and/or Interest Income	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____

Total Non-Taxable Income

Child Support Received \$ _____ \$ _____
 Disability / Relevant Benefits \$ _____ \$ _____

IV. Special Circumstances/ Explanations (Please attach a separate sheet if needed)

We declare that the information reported on this form is true, correct and complete.
 A copy of the parent(s) most recent TD4 must accompany this statement.

FOR OFFICIAL USE ONLY

APPROVED / NOT APPROVED NAME: _____ DATE: _____
 NAME: _____ DATE: _____

COMMENTS: _____

