Supplementary Financial Aid Form

Academic Year 2024-25

Processing Year 2023-24

Student_____________________________________ Entering Grade ____________

Student_____________________________________ Entering Grade ____________

1) Does your family receive any financial support from relatives or other sources? (Include support for education, trips, camps, etc., as well as basic daily needs.)

   Amount: $ ___________ Explanation:

2) Do you provide financial support for any relatives?

   Amount Annually: $ ___________ Explanation:

3) If your children are all of school age, and both parents are not fully employed, please explain.
4) If your son/ daughter is 16 years or older:

Does he/she own a car or drive a family car to school?

Does he/she work during the summer to help with expenses?

5) Please list the average monthly expenditures for the following items:

$ ________  mortgage/rent  
________  gas/electric  
________  insurance  
________  car payment(s)  
________  credit cards  
________  home/car maintenance  
________  household employees  
________  telephones, cell phones, and pagers  
________  cable TV, Internet connection  
________  recreation  
________  food  
________  clothing  
________  medical/dental bills  
________  other (please explain)

6) Take Home Pay Per Month:

Father: $ ___________

Mother: $ ___________
7) Given the limited aid that might be available, if at all, please indicate the amount of assistance you would ask for and how the remaining tuition balance will be paid for this school year.

8) Please give a detailed description of your financial situation and the reasons for the Financial Aid Committee to reconsider the decision made. Feel free to write a separate document to be included with this information.

_________________________________________  _________________________________
Parent Signature(s)                             Email Address

Please send this information to bmurdock@bayschool.org