

FINANCIAL AID FORM

APPLICANT NAME:		DOB:	 -		
I.	Parent/Guardian Informati	on:			
Parent/Guardian A:					
NAME:		EMPLOYER:			
If Unemployed, expl here:	ain				
Parent/Guardian B:					
		ENADLOVED.			
		EMPLOYER:			
If Unemployed, explain here:					
Non-applicant Depe	ndent Information:				
NAME:	DOB:	SCHOOL and YEAR:			
NAME:	DOB:	SCHOOL and YEAR:			
NAME:	DOB:	SCHOOL and YEAR:			
NAME:	DOB:	SCHOOL and YEAR:	<u> </u>		
NAME:	DOB:	SCHOOL and YEAR:			



11.	Family Income		
A.	Salary and Wages:	Previous Year	Current Year (estimate)
1.	Total Salary Wages earned by Parent/Guardian A:	<u> </u>	14
2.	Total Salary Wages earned by Parent/Guardian B:	ş	ij
3.	Total Dividends and Interest Income:		
4.	Other Taxable Income:		a
В.	Nontaxable Income:		
1.	Child Support:		
2.	Social Security Benefits:		
3.	Other Nontaxable Income:		g
III.	Family Assets and Debits		
A.	Real Estate:		
1.	Do you own the home you currently live in?		
2.	What year did you purchase your home?		
3.	What was the purchase price?		
4.	What is the current market value of your home?		
5.	What is the remaining unpaid principal on your first mortgage? This should not include interest payments or property taxes?		
6.	Enter the total ANNUAL payments on your first mortgage:		
7.	Do you have a second mortgage?		
8.	Enter the amount you pay each year on the second mortgage?		
9.	Do you own any additional real estate other than your primary residence?		



В.	<u>Vehicles:</u>		
1.	How many vehicles do you own or lease?		
2.	Please identify the vehicle make mod for each vehicle, and the current debt/annual lease cost:	lel	
a.			
b.			
c.			
d.			
C.	Other Assets and Debts:		
1.	Enter total value of the checking and savings accounts held by parent(s)/guardian(s):		
2.	Enter value of all Investments:	<u> </u>	
3.	Enter total value of retirement plan, pension, IRA held by parent(s)/guardian(s):		
4.	Enter your outstanding debt:		
IV:	Family Expenses:		
A:	Educational Expenses:		
1.	Expenses for Applicant:		
2.	Total Expenses for all Dependents:		
В.	Medical Expenses:	Previous Year:	Current Year (estimate)
1.	Enter total medical expenses not paid insurance:	d by	+
c.	Additional Expenses:		
1.	Enter unusual expenses you incurred	:	
a.	What were expenses for:		y



V.	Other Information:
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