Financial Aid Application

RESIDENT Name: _____ **DOB:** _____

Parent/Legal Guardian

Parent/Legal Guardian A:

NAME: _____ **EMPLOYER:** _____

If Unemployed, explain here:

_____

_____

_____

Parent/Legal Guardian B:

Name: _____ **EMPLOYER:** _____

If Unemployed, explain here:

_____

_____

_____

Non-applicant Dependent Information:

NAME: _____ **DOB:** _____ **SCHOOL and YEAR:** _____

NAME: _____ **DOB:** _____ **SCHOOL and YEAR:** _____

NAME: _____ **DOB:** _____ **SCHOOL and YEAR:** _____

NAME: _____ **DOB:** _____ **SCHOOL and YEAR:** _____

NAME: _____ **DOB:** _____ **SCHOOL and YEAR:** _____

Family Income

A.	Salary and Wages:	Previous Year	Current Year (estimate)
1.	Total Salary Wages earned by Parent/Legal Guardian A:		
2.	Total Salary Wages earned by Parent/Legal Guardian B:		
3.	Total Dividends and Interest Income:		
4.	Other Taxable Income:		
B.	Nontaxable Income:		
1.	Child Support:		
2.	Social Security Benefits:		
3.	Other Nontaxable Income:		

Family Assets and Debts

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?**

_____

B. **Vehicles:**

1. **How many vehicles do you own or lease?**

_____

2. **Please identify the vehicle make model for each vehicle, and the current debt/annual lease cost:**

_____

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:**

_____

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:**

_____

B. **Medical Expenses:**	**Previous Year:**	**Current Year (estimate)**

1. Enter total medical expenses not paid by insurance: _____   _____

C. Additional Expenses:

1. Enter unusual expenses you incurred: _____   _____

a. What were expenses for: _____   _____

V.   Other Information:

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Parent/Legal Guardian A. Signature_____

Date_____

Parent/Legal Guardian B. Signature_____

Date_____