

Applications for Financial Aid are kept completely confidential. Please fill out this form carefully, and feel free to call our Business Manager with questions if necessary. **When complete, please sign and return this form along with a copy of your 2017 Tax return, including attachments, to the Business Office.**

### Summerfun Financial Aid Application

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Program applied for (name and dates)\_\_\_\_\_

Name of Parent (s)\_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ phone 1 \_\_\_\_\_ phone 2 \_\_\_\_\_

#### Personal Information

Further Explanation ↓

#### Household ***Annual*** Income for 2017

Salaries: Parent 1 \_\_\_\_\_ Occupation \_\_\_\_\_

Salaries: Parent 2 \_\_\_\_\_ Occupation \_\_\_\_\_

Interest/Dividends \_\_\_\_\_

Business profit (from schedule c) \_\_\_\_\_

Alimony \_\_\_\_\_

Child Support \_\_\_\_\_

Unemployment \_\_\_\_\_

Public Assistance \_\_\_\_\_

Social Security \_\_\_\_\_

Rent/Royalties \_\_\_\_\_

Capital Gains(loss) \_\_\_\_\_

Contributions by grandparent or others \_\_\_\_\_

(A) *Total Household annual income* \$ \_\_\_\_\_

#### Current Assets & Liabilities

Current value of home, if owned \_\_\_\_\_

Car(s) owned, if any – make, year, & approx value (website to help → <http://www.edmunds.com/used-cars/>)

\_\_\_\_\_ \$  
\_\_\_\_\_ \$

Value of Stocks/bonds etc \_\_\_\_\_

Bank account balances: chkg total \_\_\_\_\_

Savings total \_\_\_\_\_

Child's bank accounts \_\_\_\_\_

Child's Investments \_\_\_\_\_

Trust funds \_\_\_\_\_

Retirement fund value \_\_\_\_\_

(over)

Further Explanation



Other (explain at right) \_\_\_\_\_

**Total Assets(C) \$** \_\_\_\_\_

Education loan balance \_\_\_\_\_

Current mortgage balance \_\_\_\_\_

Consumer Loan balance (credit cards) \_\_\_\_\_

Car Loan Balance \_\_\_\_\_

**Total liabilities(D) \$** \_\_\_\_\_

**Monthly Household Expenses**

Rent or mortgage payment \_\_\_\_\_

Utilities (average) \_\_\_\_\_

Total other monthly loan payments \_\_\_\_\_

Medical insurance \_\_\_\_\_

Other medical bills (average) \_\_\_\_\_

Insurance payments on cars \_\_\_\_\_

Insurance on House or renters ins \_\_\_\_\_

Other (explain at right) \_\_\_\_\_

(B) *Total Household **monthly expenses*** \$ \_\_\_\_\_

**Total amount of financial aid requested** \_\_\_\_\_

**Other information you would like us to have:**

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**Applicant Signature:**

The information included herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name of person completing form(print)

\_\_\_\_\_  
Signature

Relationship to student \_\_\_\_\_ date \_\_\_\_\_

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For office use: