

**2016-17 Academic Year • Application for Financial Aid or Extended Payment Plan**

*This application for financial aid should be completed and returned by mail or in person to the above address. It is essential that the proof of income you choose to provide be included in the same envelope. An incomplete application will delay consideration.*

**Do not send original documents**; we cannot return these papers. All information is treated with strict confidence.

**Personal Information:** (If applying for more than one child in the same household, attach separate sheet for each, but provide financial info only on one form.)

**Student's Name:** LAST \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ eMail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Ph: ( ) \_\_\_\_\_ Cell Ph: ( ) \_\_\_\_\_ Work Ph: ( ) \_\_\_\_\_

Household size: \_\_\_\_\_ Consisting of the following: \_\_\_\_\_

Student lives with: \_\_\_Both parents \_\_\_P/G 1 \_\_\_P/G 2 \_\_\_Other: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ P/G 2: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Employer(s) P/G 1: \_\_\_\_\_ P/G 2: \_\_\_\_\_

Postition: P/G 1: \_\_\_\_\_ P/G 2 \_\_\_\_\_ ce

Work Phone P/G 1( ) \_\_\_\_\_ P/G 2( ) \_\_\_\_\_

**Financial Information (required to receive financial aid):** (Whenever income is requested, all income, whether it is taxable or not, must be included.)

Total household income (gross) last year: \$ \_\_\_\_\_ Medical & educational expenses last year: \$ \_\_\_\_\_

Anticipated income (gross amt) current year: \$ \_\_\_\_\_ Anticipated med & ed expenses current year: \$ \_\_\_\_\_

Verification of the income must be provided by submitting a copy of previous year's tax return, if one has been filed:

\_\_\_ Federal tax return **or** IRS letter documenting that income is less than a taxable amount (Available by calling 1-800-829-1040)

\_\_\_ Other verification: \_\_\_ Payroll check stubs \_\_\_ Welfare forms \_\_\_ ADC forms \_\_\_ Benefit statement

Does the child receive freereduced price school meals? Yes \_\_\_ No \_\_\_ Is the household eligible for food stamps? Yes \_\_\_ No \_\_\_

**Special Circumstances:** Please consider this information in evaluating the need for financial aid or extended payments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that all the information provided above is accurate and complete. I have read and understand the material on the reverse side.*

Date: \_\_\_\_\_ Signature \_\_\_\_\_

***The balance of tuition not covered by financial aid is due in full one week before the term begins, unless other arrangements have been made.***

**OFFICE USE ONLY**

**Committee review:**

Date received: \_\_\_\_\_

Application complete? \_\_\_\_\_

Beginner? \_\_\_Yes \_\_\_No

Prior Jefferson Academy student? \_\_\_Yes \_\_\_No

Satisfactory attendance? \_\_\_\_\_

Satisfactory progress? \_\_\_\_\_

Satisfactory interest/attitude? \_\_\_\_\_

Previous payments on time? \_\_\_\_\_

Prior financial aid? \_\_\_\_\_

Date committee reviewed: \_\_\_\_\_

In attendance: \_\_\_\_\_

Decision:

\_\_\_YES \_\_\_\_\_ = Amount awarded/semester

\_\_\_Decision deferred (attach explanation)

\_\_\_Wait Listed

\_\_\_Declined (attach explanation))

\_\_\_Phone notification by \_\_\_\_\_ on \_\_\_\_\_

\_\_\_Notice mailed by \_\_\_\_\_ on \_\_\_\_\_