

Rudolf Steiner School Tuition Assistance 2017-2018

CONFIDENTIAL REPORT

PLEASE COMPLETE AND RETURN TO THE TUITION ASSISTANCE COMMITTEE. PLEASE PRINT OR TYPE.

CHILD(REN)'S NAME(S):			2016-2017 Grade(s):		
	INFORMATION ABOUT	PARENT 1	INFORMATION ABOUT PARENT 2		
Name					
Present Address			-		
Email Address					
Home Phone					
Business Phone					
Both parents are expected to cor and what steps are being taken t			arent is not working, please state the reason		
Occupation/Profession					
2015 Gross Earnings					
2016 Estimated Gross Earnings	,				
Gross Amount of Paycheck					
Frequency of Pay Period					
Employer Name/Position Address					
Address					
Telephone Number					
Time with Present Employer	Yrs. Months		Yrs. Months		
Previous Employer Name					
Address					
Telephone Number					
Other Income			_		
Source	_	_			
Bank Name & Account Balance					
Bank Name & Account Balance					
PARENTS ARE NOW: _Marr	ried _SeparatedDivor	ced Single Otl	her		
WITH WHOM DOES THE CH	ILD RESIDE: _Both Parent	ts _Mother _Fath	er _Legal Guardian _Other		
INFORMATION ABOUT ADD Number of Additional Dependents					
NAME	RELATIONSHIP	AGE	2016-2017 GRADE (If applicable)		

FINANCIAL INFORMATION AB	OUT THE FAMILY			
Do you own or rent your home?	OwnRentLive			
Monthly Rent/ Mortgage Paymen	nt: \$	Mortgage held by	•	
If you own an Auto, give year of new				
Total owed \$	Total monthly payment	\$	_	
Do you have any other loansYes				
Total owed \$	Total monthly payment		<u>=</u>	
Any major credit cards?Yes			Total credit line	\$
VisaMastercardDiscover	CardAmExOther		Total monthly payment	\$
			TD - 1 1	Ф
Are you now or have you ever been th	as subject of any judgments garr	nichmente or legal r	Total owed	\$
No Yes Details			V	
Have you ever declared bankruptcy?			1 cui	
No Yes Details			Year	
rtores			1 oui	
SHELTER AND RELATED	Monthly		Annual	
Property/School Taxes				<u> </u>
Homeowner/Tenant Insurance Utilities				<u>—</u>
Telephone				
Total				
		<u></u>		
	IMPNIANCE			
PERSONAL AND FAMILY MAIN Child Day Care	TENANCE			
Child Expenses (camps, lessons,	etc)		-	<u> </u>
Medical Expenses				
Health Insurance				<u> </u>
Life Insurance				<u></u>
Other Total				
Total				
Other information you would like to h	nave considered with your applic	cation:		
IN ORDER FOR THIS APPLICAT				
1) A TADS Financial Aid Application			ed 2015 Tax Information.	4) Signed tax form
4506-T. 5) COPY of 2016 when it is	s filed and by no later than 3/1/17	<u>/</u> .		
Awards will be made contingent up	oon receipt of a copy of the 20	16 Federal Income	Tax Form 1040, with a	ll schedules, as soon
as you have filed them and by no la	ter than the above deadline.			,,
Each undersigned represents and wa				
understood that a mid-year re-evaluat deemed necessary to verify the accura				to make all inquiries
deemed necessary to verify the accura	by of the statements made neigh	n up to and including	s cheeking credit history.	
Date S	ignature of Both Parents			
X				
A	•	n		
S	ignature of Other Financially	Kesponsible Party/	Sponsor	
X	- -			