

CITY ACADEMY FINANCIAL AID APPLICATION

2019 - 2020 School Year

Instructions: All sections of the application must be completed, including all financial information for both custodial and non-custodial parents or guardians, to be considered for financial aid. Incomplete applications will be returned to the applicant.

STUDENT APPLICANT INFORMATION

Student A:

Last Name	First Name	Sex
Date of Birth	Social Security #	Grade Applying For:

Student B:

Last Name	First Name	Sex
Date of Birth	Social Security #	Grade Applying For:

Student C:

Last Name	First Name	Sex
Date of Birth	Social Security #	Grade Applying For:

PARENT OR GUARDIAN INFORMATION

Parent or Guardian A:

Last Name	First Name	Sex	Custodial Parent?
Street Address	City	State	Zip code
Home Phone #	Alternative Phone #	Social Security #	
Occupation	Employer	Yrs w/ Firm	FT/PT
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian/Foster Parent* <input type="checkbox"/> Step Parent			

Parent or Guardian B:

Last Name	First Name	Sex	Custodial Parent?
Street Address	City	State	Zip code
Home Phone #	Alternative Phone #	Social Security #	
Occupation	Employer	Yrs w/ Firm	FT/PT
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian/Foster Parent* <input type="checkbox"/> Step Parent			

Other Dependents Not Listed Above:

Name	Age
Name	Age

*Please provide proof of guardianship

MONTHLY INCOME

A copy of the 2017 federal income return and 2018 W-2 forms for both parents or guardians are required for consideration for financial aid and must be submitted with the application.

If you provide support for monthly income for only one parent, please provide explanation regarding the absence of the second parent: _____

Do you receive financial assistance from the state? Yes No

Please note any additional sources of funds that will be available to pay tuition:

MONTHLY EXPENSES

	Parent A:		Parent B:	
	Monthly Pymt	Total Amt Owed	Monthly Pymt	Total Amt Owed
Rent	_____	_____	_____	_____
Mortgage	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Tuition (excluding City Academy)	_____	_____	_____	_____
Utilities (gas, electric, water, sewer)	_____	_____	_____	_____
Phone bill	_____	_____	_____	_____
Insurance (Auto and Medical)	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Monthly Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ASSETS

Automobiles Owned or Leased:

Make and Year	Estimated Value	Owned	Leased	Loan Balance	Payment Amount
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Real Estate Owned:

Property Address	Market Value	Mortgage Balance	2nd Mortgage Balance	Total Mortgage Payment	Rental Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Assets Owned (please describe in detail):

I hereby certify that the information on this form is true, correct and complete. I understand that if the information contained herein subsequently proves to be not true, correct or complete, it may cause financial aid granted to the my child by the school to be completed or partially revoked.

Signature of Parent/Guardian A:

Date

Signature of Parent/Guardian B:

Date