

# FINANCIAL AID APPLICATION

## Cobb School

For academic year \_\_\_\_\_

For Temporary aid beginning \_\_\_\_\_

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## Cobb Child Care

Child Care, Beginning \_\_\_\_\_

Please indicate the nature of financial assistance requested by placing an X in the appropriate box(es). For temporary assistance with school tuition, or for assistance with child care costs, please supply a beginning date. The beginning date must not be earlier than the date the application is submitted.

A completed financial aid request should contain the following information:

- An original copy of this financial aid application.
- A copy of the completed federal income tax returns for the two most recent years for which the applicant filed such returns.
- Any other documentation that may be requested by the financial aid committee in order to consider this application (e.g. pay stubs, copies of bills)

Authorization to contact employer

I understand that, in some case, employment status must be verified. I hereby give permission to Cobb Street Financial Aid Committee or their designee to contact my employer to verify that the employment information I have given.

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

Statement of Authenticity

I hereby declare that the information provided in the request for financial aid is correct and complete to the best of my knowledge. I understand that if I provide false information, this request may be denied.

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

Financial aid is awarded on the basis of demonstrated need, without regard to national origin, creed, race, religion, sex, age, marital status, sexual orientation, disability or any other guidelines mandated by federal or state law.

A copy of the financial aid policy is available on request.

Applicant ID# \_\_\_\_\_ (for office use only)

Information must be typed or printed legibly in blue or black ink

### PERSONAL INFORMATION

Student 1

Name \_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (if applicable)\_\_\_\_\_

Currently a student at \_\_\_\_\_ Current grade \_\_\_\_\_

Lives with: (Name) \_\_\_\_\_

(Relationship to student) \_\_\_\_\_

Student 2

Name \_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (if applicable)\_\_\_\_\_

Currently a student at \_\_\_\_\_ Current grade \_\_\_\_\_

Lives with: (Name) \_\_\_\_\_

(Relationship to student) \_\_\_\_\_

### **Parent/Guardian Information (person or persons completing this form)**

Name \_\_\_\_\_

Relationship to Student 1 \_\_\_\_\_ Relationship to Student 2 \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Applicant ID# \_\_\_\_\_ (for office use only)

## Financial Information

### Monthly income:

Total gross income from wages: (note if exact or approximate) \_\_\_\_\_

Investment and property income: \_\_\_\_\_

Child support payments for children requesting financial aid \_\_\_\_\_

Public benefits received (food stamps, SSI, SSDI, etc.) \_\_\_\_\_

### Expenses:

(It is assumed that everyone has usual living expenses. Please list any extraordinary expenses, such as tuition, caring for an elderly family member or unusual medical expenses)

How much do you think you can reasonably afford to pay monthly toward your child's tuition? \$ \_\_\_\_\_

Please describe any circumstances that should be considered in considering this request.

Please keep a copy of this application for your records