

GOOD SHEPHERD DAY SCHOOL

PARENTS FINANCIAL STATEMENT

**PART A CHILD INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender M F

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Race \_\_\_\_\_

Child lives with (check all that apply)

Mother  Father  Grandparent(s)  Male guardian  Female guardian

**PART B PARENT OR GUARDIAN INFORMATION**

Home address to which all correspondence will be mailed.

Number and street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent A**

Name \_\_\_\_\_ Age \_\_\_\_\_ Disabled YES NO

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employed by \_\_\_\_\_ Years with firm \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_

**Parent B**

Name \_\_\_\_\_ Age \_\_\_\_\_ Disabled YES NO

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employed by \_\_\_\_\_ Years with firm \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_

**PART C FAMILY ASSETS AND DEBTS**

Monthly mortgage / rent: \_\_\_\_\_

Monthly car payments / lease: \_\_\_\_\_

Monthly car insurance payments: \_\_\_\_\_

Other relevant recurring debts: \_\_\_\_\_

**PART D FAMILY NEED**

Are you receiving any financial assistance from a family member or other person not previously mentioned in this application? Yes \_\_\_\_\_ No \_\_\_\_\_

In what form is this assistance? \_\_\_\_\_

Total annual amount of assistance, \$ \_\_\_\_\_

**NATURE OF REQUEST**

I am requesting tuition assistance so that my child can attend Good Shepherd according to the following schedule:

Mornings only \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ mornings

Mornings through lunch only \_\_\_\_\_

Mornings through naptime only \_\_\_\_\_

Full time \_\_\_\_\_ for \_\_\_\_\_ days a week \_\_\_\_\_

I am able to pay the application fee: Yes \_\_\_\_\_ No \_\_\_\_\_

I am able to pay the semi-annual material fees: Yes \_\_\_\_\_ No \_\_\_\_\_

**PART E ATTACHMENTS**

Please attach a copy of your most recent 1040 tax form, your 2441, your W-2, and all attachments.

**PART F      FAMILY STORY**

Please use this section of the application to write a brief explanation of why you need or want financial aid to send your child to the Good Shepherd Day School. Use extra sheets if needed.

**PART G      PARENTS' CERTIFICATION AND AUTHORIZATION**

I (we) declare that the information reported on this form, to the best of my (our) knowledge and belief is true, correct, and complete. I (we) authorize the use of this form for the verification of any information given above. If asked by the Day School, I (we) agree to send an official copy of our latest income tax return to the school.

Parent A Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent B Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_