



# The Charles Finney School

## Financial Aid Application 2008-2009 Returning Families Deadline: April 22, 2008

**Only families applying for financial aid need to complete this form. Information will be treated with the strictest confidentiality. Priority will be given to returning families that have previously received aid. Financial aid awards will be announced in early May. New families: financial aid will be awarded on an ongoing basis from available funds.**

Date \_\_\_\_\_

Parent (s) Name (s) \_\_\_\_\_

Number of exemptions claimed on federal income tax return \_\_\_\_\_

Address \_\_\_\_\_  
Street City/Town State Zip

Public School District \_\_\_\_\_ Number of students attending Finney \_\_\_\_\_ In which Grade (s) \_\_\_\_\_

**If you would like to be considered for financial aid please  
SUBMIT THIS FORM ALONG WITH A SIGNED COPY OF YOUR MOST  
CURRENT 1040 FEDERAL INCOME TAX RETURN.**

Please contact the admissions office regarding suitable documentation if you do not have a current 1040.

Please provide the following information for all children claimed as your dependents for the 2008-2009 school year:

Name: _____ Age: _____ Attends Finney? <input type="checkbox"/> Yes <input type="checkbox"/> No Attends college/other private school? _____ If yes, which school? _____ What grade level? _____ What is your financial responsibility to the institution listed? \$ _____	Name: _____ Age: _____ Attends Finney? <input type="checkbox"/> Yes <input type="checkbox"/> No Attends college/other private school? _____ If yes, which school? _____ What grade level? _____ What is your financial responsibility to the institution listed? \$ _____
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How long have you lived at your current address? \_\_\_\_\_ Monthly Rent/Mortgage: \$ \_\_\_\_\_

Monthly Child Support  Received by Me  Paid by me Amount \$ \_\_\_\_\_

Are you self-employed or is your income variable? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are there any ongoing medical or other necessary expenses that should be taken into consideration? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are there any other financial considerations that should be taken into consideration? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Please describe any sources of income not already accounted for.

Amount \$ \_\_\_\_\_ per  Yr.  Mo.  Wk.  NA Source: \_\_\_\_\_

Amount \$ \_\_\_\_\_ per  Yr.  Mo.  Wk.  NA Source: \_\_\_\_\_

Please list any tuition assistance you will receive from private organizations, churches, or individuals.

Amount \$ \_\_\_\_\_ per  Yr.  Mo.  Wk.  NA Source: \_\_\_\_\_

Amount \$ \_\_\_\_\_ per  Yr.  Mo.  Wk.  NA Source: \_\_\_\_\_

Please explain if necessary: \_\_\_\_\_  
\_\_\_\_\_

Church Name \_\_\_\_\_ Telephone \_\_\_\_\_  
(some area churches offer scholarship assistance to their members)

Are you a member  Yes  No

I understand that the information provided on this form does not affect admission to the school, is strictly confidential and will not be disclosed to any outside agency or third party except for the purpose of applying for public and private educational funding. By signing this document, I attest that the information provided herein is true and accurate. Any finding of false statements may adversely affect financial aid.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applying for financial aid does not guarantee that you will receive it. We will return the registration fee and rescind the contract of any family who applies for but does not receive financial aid and feels they subsequently can not afford to attend Finney. We must be notified of this in writing to the admissions director within two weeks of our notification of denial of financial aid.

**Office Use Only**

Date Reviewed \_\_\_\_\_