



LA SCUOLA D'ITALIA

"Guglielmo Marconi"

Maria Palandra, Ph. D., Head of School

FINANCIAL AID PROGRAM APPLICATION

Name and Last Name of Student: _____

Home Address: _____

Student's Current School: _____

Grade for which application is made: _____

PARENT ONE

Name: _____

Business or Profession: _____

Educational Employee: YES NO

Government Employee: YES NO

Firm Name and Business Address: _____

PARENT TWO

Name: _____

Business or Profession: _____

Educational Employee: YES NO

Government Employee: YES NO

Firm Name and Business Address: _____

1. If parents are divorced or separated, clarify what the living **and** financial arrangements are for the care and support of the child:

2. Provide the names and ages of the other dependent children. Indicate whether the school they attend is public, private or parochial. If school is private, indicate tuition amount for which you are responsible:

Child's Name	Age	Current School	Tuition Amount You Pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Do you have any children receiving financial aid at any other educational school? YES NO

If your answer above is "Yes", please indicate the name(s) and location(s) of the school(s) as well as the amount of financial aid granted:

4. Have you applied for a tuition grant or scholarship for this applicant at any other school? YES NO

If the answer above is "Yes," please indicate the name and location of the school where application was made for a grant or scholarship for this student:

5. Do you fully support or contribute to the support of any other individual(s)? YES NO

If the answer above is "Yes," please indicate the name and address(es) of those individuals whose livelihood you fully support or contribute to:

Name(s)	Relationship to you	Annual amount of support or contribution
_____	_____	_____
_____	_____	_____



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6. Please list the amount paid in 2015 for the following:

- Rent, mortgage or comparable expenses: \$ _____
- Club memberships: \$ _____
- Summer Camp fees for children: \$ _____
- After School for Children \$ _____

Please list the amount paid in 2016 for the following:

- Rent, mortgage or comparable expenses: \$ _____
- Club memberships: \$ _____
- Summer Camp fees for children: \$ _____
- After School for Children \$ _____

7. Do you receive financial assistance from any City/Social Agency? Yes: No:

If the answer above is "Yes," please indicate the name and address of the City/Social Agency and the amount of aid:

8. Please list your family's financial assets, including those of the student and the parents:

- Real Estate Property: \$ _____
- Savings Account(s): \$ _____
- Investments: \$ _____
- Trust Fund(s): \$ _____
- Alimony: \$ _____
- Year and Make of Automobile: _____
- Other: _____

Upon request, please provide copy of the above

9. Please enter the following information from your most recent Federal Income Tax Return. (Please enclose a copy of the Return along with this application).

- Total Family Income: \$ _____
- Total Amount of Deductions: \$ _____
- Number of Dependents: _____
- Income Tax Paid: \$ _____

10. What amount of tuition are you able and prepared to contribute? \$ _____

11. Is this application due to an unusual situation or temporary circumstances? If so, please explain in detail:

PLEASE NOTE:

Anevaluation of the student applicant's financial needs will be conducted each year only if re-application for financial aid is made for the ensuing school year. If re-application is not made, however, it will be assumed the student applicant is no longer in need of financial aid, and aid will be dropped for the following year. Tuition charges will then revert to the full tuition scale, and financial responsibility for the total amount will prevail upon the part of the parent(s)/ guardian(s) for the student applicant.

By signing below, I/We attest that the statements written in this Financial Aid Application are true:

Signature: _____

Dated: _____

Signature: _____

Dated: _____