



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

FINANCIAL AID REQUEST FORM

Financial Aid Request Forms *must be completed in full*, and include all supporting documents. **Incomplete applications will not be considered. Applications should be returned to the Business Office no later than March 1. The later your application is received, the less tuition assistance is available.** You must provide a copy of your 2016 tax return and a completed IRS Form 4506 (available on Tuition and Financial Aid page on school website). **Families should file their 2016 taxes now.** The Financial Aid Committee will review applications on a semi-monthly basis beginning in March. All applications and financial information will be kept confidential.

Applicant and Family Information

M / F

Last Applying for grade _____	First Current Age _____	Middle Birth date _____	Gender Age as of Dec. 1, 2016 Yrs. ____ Mos. ____	Date
Applicant Address: _____ _____ City: _____ State: _____ Zip: _____ Phone () _____			Parent 1 _____ Address (if different from applicant) _____ _____ City: _____ State: _____ Zip: _____ Home Phone () _____ Cell Phone () _____ Email: _____ Occupation/Title: _____ Employer: _____ Work Phone () _____	Parent 2 _____ Address (if different from applicant) _____ _____ City: _____ State: _____ Zip: _____ Home Phone () _____ Cell Phone () _____ Email: _____ Occupation/Title: _____ Employer: _____ Work Phone () _____
Siblings and ages: _____ _____				

Primary language: _____ Other language(s) spoken: _____
Child lives with: _____ If parents do not reside together, indicate custody status: _____
If parents are divorced or separated, clarify what **the living and financial arrangements** are for the care and support of the child:

Provide the names and ages of the other dependent children. Indicate whether the school 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
_____	_____	_____	_____
_____	_____	_____	_____

1. Do you have any children receiving financial aid at any other educational school **(Circle one) Yes/No**
If your answer above is "Yes", please indicate the name(s) location(s) of the school(s) as well as the amount of financial aid granted:

2. Have you applied for a tuition grant or scholarship for this applicant at any other school? **(Circle one) 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:

3. Do you fully support or contribute to the support of any other individual(s)? **(Circle one) Yes/No**
If the answer above is "Yes," please enter the information 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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BASIC TAX INFORMATION

Have you completed your 2016 tax return? **(Circle one) Yes/No**

It is a requirement that you have completed your 2016 tax return to complete this application.

4. What was your income filing status for 2016: **(Circle one) Married/Single** Filing **(Circle one) Jointly/Separately**

5. How many federal income tax exemptions did you claim for 2016? _____

6. If you filed a Schedule A for itemized deductions, enter your total itemized deductions: \$ _____

7. Enter the amount of your total federal income taxes: \$ _____

(Form 1040= Line 63 minus line 57. Form 1040A=Line 39, Form 1040EZ_Line 10)

8. Were you self-employed at all in 2016? If so, complete the 2016 information below for each of your businesses:

Business Name	Address	Type of Business	Total Income	Total Expenses	Total Profit

9. Total salary and wages earned (Box 1 of Form W2) Parent A: \$ _____ Total salary and wages earned from Parent B: \$ _____

10. From line 1 of 1099-INT, enter total interest income: \$ _____ and total dividend income: \$ _____

11. Enter any other taxable income: \$ _____ (Includes pensions, annuities, rental properties, royalties, estates or trusts, alimony and/or household expenses paid in lieu of alimony, unemployment benefits, capital gains, and taxable social security benefits.)

12. Enter NON-taxable income: \$ _____ (Includes child support, social security benefits, pension plan payments, cash gifts from friends/relatives, worker's compensation or veteran's benefits, earned income credit, etc.)

13. Do you receive financial assistance from any City/Social Agency? **(Circle one) Yes/No** If so, complete the information below:

Agency Name	Address	Amount of annual assistance

ASSETS

14. Do you own any real estate? **(Circle one) Yes/No** If so, complete the 2016 information below for each of your real estate holdings:

Type	Purchase Year	Purchase Price	Market Value	Unpaid Principal	Total Annual Payments
Home/Rental Property					
Home/Rental Property					

15. Do you own any vehicles? **(Circle one) Yes/No** If so, complete the 2016 information below for each of your vehicles:

Make	Model	Year	Lease or Own?	Current Debt	Annual Lease Cost	Notes

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

a) Total for Checking and Savings Account(s): \$ _____

b) Investments: \$ _____

c) Employer Retirement Plans: \$ _____

d) IRA, pension or retirement plan held by family member: \$ _____

e) Trust Fund(s): \$ _____

f) Other: _____



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MONTHLY INCOME/EXPENSES

17. Total parent monthly income after taxes: \$ _____
18. Total alimony/child support payments: \$ _____
19. If you pay rent your home, provide the TOTAL amount in rent for each entire year: \$ _____
20. Total other housing annual expenses: \$ _____ (Utilities, taxes, insurance, maintenance fees, association fees, etc.)
21. Enter other vehicle related MONTHLY expenses: \$ _____ (not payments but include insurance, maintenance, fuel, etc.)
22. Enter healthcare related MONTHLY expenses: \$ _____ (med/dental/life insurance premiums, out-of-pocket expenses, etc.)
23. Enter household related MONTHLY expenses: \$ _____ (Groceries, clothing, pet care, bus/metro, savings, etc.)
24. Enter entertainment related MONTHLY expenses: \$ _____ (dining out, movies, day trips, etc.)

OTHER EXPENSES

25. If greater than 5% of your total 2016 income, enter the amount of your 2016 unreimbursed medical/dental expenses: \$ _____
26. Itemize and explain medical expenses: _____

27. Enter annual total of other expenses: \$ _____

(Include: Nursing home/assisted living care, current legal fees, closing costs for home purchases or refinancing, sewer, street, and water assessments (installation only), unreimbursed tuition for parents, uninsured natural disasters, child support paid in excess of \$5K, special costs for a child with a disability, funeral expenses, union dues. Do **NOT** include previously listed expenses, childcare expenses, charity or church contributions)

DEBTS

28. Enter your total outstanding debt: \$ _____
- (Include: Past educational debt, encumbrances against real estate, past medical/dental expenses, debts from investments, living expenses if business failure, prolonged illness, unemployment, etc, have depleted assets, past business debt, uninsured natural disasters, past funeral expenses, legal fees)
29. Enter your total consumer debt (from credit cards not previously included above): \$ _____
30. Enter your total monthly consumer debt payments: \$ _____

FAMILY CONTRIBUTION

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

(See Over)



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

33. Is there anything else you would like to tell the Committee in terms of this application?

PLEASE NOTE

An evaluation of the student applicant's financial need will be reviewed each year only if re-application for financial aid is made. If no re-application is received, it will be assumed the family is no longer in need of financial aid, and aid will be dropped for the following year. Tuition charges will then revert to full tuition and responsibility for the total amount will prevail upon the part of the parent(s) / guardian(s) for the student applicant.

Garden School does not discriminate on the basis of gender, religion, age, race, color, sexual orientation, physical disability, or ethnic origin in admissions, financial assistance, or hiring. Garden welcomes families of all racial, economic, and social backgrounds.

By signing below, it is attested that the statements written in this Financial Aid Application are true and that the financial responsibility for the student applicant is being fully adhered to by the signator(s):

Signature: _____

Dated: _____

Signature: _____

Dated: _____