



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

FINANCIAL AID PROGRAM APPLICATION Page 1

Name of Student(s) Applicant(s): _____

Home Address: _____

Student's Current School: _____

Grade for which application is made: _____

FATHER

Name: _____

Business or Profession: _____

Firm Name and Business Address: _____

MOTHER

Name: _____

Business or Profession: _____

Mother's 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 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" above, 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 to 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 last year for the following:

- (a) Rent, mortgage or comparable expenses: \$ _____
- (b) Club memberships: \$ _____
- (c) Summer Camp fees 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:

- (d) Real Estate Property: \$ _____
- (e) Savings Account(s): \$ _____
- (f) Investments: \$ _____
- (g) Trust Fund(s): \$ _____
- (h) Alimony: \$ _____
- (i) Year and Make of Automobile: _____
- (j) Other: _____

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

- (k) Total Family Income: \$ _____
- (l) Total Amount of Deductions: \$ _____
- (m) Number of Dependents: _____
- (n) 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:

A current evaluation of the student applicant's financial need will be reviewed 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, 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: _____