

All information is held in Strict Confidence.
WCMS reserves the right to request additional verification of any information provided.

**Parent/Guardian #2
Information:**

Name
Last First Initial

Marital Status:

Address
Number and Street Town/City State ZIP

E-Mail Address

Telephone
Home Cell Work/School

Employment Info
Employer Position/Occupation

Employer Address
Number and Street Town/City State ZIP

Please List Gross Income (Before Taxes) for each employed household member

Salary/earnings Information:

Name of earner:	<input type="text"/>	<input type="text"/>	
	Last	First	
Gross Income	<input type="text"/>		
Payment interval	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____		
Name of earner:	<input type="text"/>	<input type="text"/>	
	Last	First	
Gross Income	<input type="text"/>		
Payment interval	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____		
Name of earner:	<input type="text"/>	<input type="text"/>	
	Last	First	
Gross Income	<input type="text"/>		
Payment interval	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____		
Name of earner:	<input type="text"/>	<input type="text"/>	
	Last	First	
Gross Income	<input type="text"/>		
Payment interval	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____		

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Household income
 from all other sources:

Dollar Amount:

How often?

Rental income	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Retirement	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Social Security	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Unemployment, SSI, TANF	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Alimony	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Child Support	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Investment income	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Company paid benefits (e.g. car)	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Other income	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly

Monthly Household Expenses:	<i>(Monthly Amount, please)</i>	Monthly Household Expenses:	<i>(Monthly Amount, please)</i>
Mortgage/rental	<input type="text"/>	Day Care	<input type="text"/>
Alimony payments	<input type="text"/>	Tuition	<input type="text"/>
Child Support payments	<input type="text"/>	Real estate taxes	<input type="text"/>
Car payment	<input type="text"/>	DOR Payments	<input type="text"/>
Unreimbursed Medical expenses	<input type="text"/>	Lien Payments	<input type="text"/>
Insurance costs: Health Auto Home	<input type="text"/>	Wage garnishment	<input type="text"/>
Utilities (if not included in rent)	<input type="text"/>	Other unusual expenses	<input type="text"/>

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Please include all individuals supported by the income listed above.

Total number of household members (include yourself):	<input type="text"/>		
Number of children under 18	<input type="text"/>		
Other dependents - please list by relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>

How much do you feel you can reasonably afford to pay in the upcoming semester?	\$ <input type="text"/>	<i>Note: WCMS can arrange a payment plan to assist you in the budgeting of this expense.</i>
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Reasons for request of financial aid. Please provide any additional information you would be willing to share that will help the Scholarship Committee determine the amount of aid required. (Attach a separate sheet if needed)

Please indicate if your child eligible for:	<input type="checkbox"/> Free meals at school	<input type="checkbox"/> reduced-price meals at school
Is your family eligible for food stamps, WIC, or SNAP? Please list	<input type="text"/>	

I affirm that all information provided in this application for financial aid is correct and true to the best of my knowledge.

<input type="text"/>	<input type="text"/>
Signature of parent/guardian or applicant if over 18	Date

Printed name of parent/guardian or applicant if over 18

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