

# WCMS Confidential Financial Aid Application 2010-2011



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

**Please submit one application for each student. Print all entries. If not applicable, please mark N/A**

**File Number:**

**Student Information:**     continuing student     new student

**Student Name**          
Last                      First

**Address**                  
Number and Street                      Town/City                      State                      ZIP

**Telephone**          
Home                      Cell

**E-Mail Address**   

**School**          
School Name                      Location/town

**Grade in school**          
K-12                      Post-secondary

**Date of Birth**      
Month-Day-Year

**Enrolling in:**                          **Total Tuition:**   
WCMS Activity, lessons, ensemble, etc                      (From catalog or call WCMS)

**If Student is under 18, please complete this section:**

**Parent/Guardian #1 Information:**

**Name**          
Last                      First

**Marital Status:**   

**Address**                  
Number and Street                      Town/City                      State                      ZIP

Check if same as above

**E-Mail Address**   

**Telephone**          
Home                      Cell

**Employment Info**              
Employer                      Position/Occupation                      Work Phone

**Employer Address**

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**Parent/Guardian #2  
Information:**

**Name**    
Last First

**Marital Status:**

**Address**      
 Check if same as above Number and Street Town/City State ZIP

**E-Mail Address**

**Telephone**     
Home Cell Work

**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:**

<b>Name of earner:</b>	<input type="text"/> <input type="text"/> Last First
<b>Gross Income</b>	<input type="text"/>
<b>Payment interval</b>	<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 _____
<b>Name of earner:</b>	<input type="text"/> <input type="text"/> Last First
<b>Gross Income</b>	<input type="text"/>
<b>Payment interval</b>	<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 _____
<b>Name of earner:</b>	<input type="text"/> <input type="text"/> Last First
<b>Gross Income</b>	<input type="text"/>
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<b>Name of earner:</b>	<input type="text"/> <input type="text"/> Last First
<b>Gross Income</b>	<input type="text"/>
<b>Payment interval</b>	<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:

*(Monthly Amount,  
please)*

Monthly Household  
Expenses:

*(Monthly Amount,  
please)*

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/Transit	<input type="text"/>	DOR Payments	<input type="text"/>
Unreimbursed Medical expenses	<input type="text"/>	Lien Payments	<input type="text"/>
Insurance costs (total)	<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"/>

WCMS normally expects a minimum 50% student/family tuition contribution. Please indicate your contribution: (\$)	<input type="text"/>	Note: WCMS can arrange a payment plan to assist you in the budgeting of this expense.
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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)

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

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