



Confidential Financial Aid Form 2020-2021

*All information is held in Strict Confidence.
WCMS reserves the right to request additional verification of any information provided.
Please complete all entries. **Only one student per form please.** If not applicable, please mark N/A*

Student Information: continuing student new student

| | | | | | |
|-----------------------|---|--------------------|-------------------|-----------|---------|
| Student Name | Last | First | Initial | | |
| Address | Number and Street | | Town/City | State | ZIP |
| Telephone | Home | Cell | Work/School | | |
| E-Mail Address | | | | | |
| School | School Name | | Location/town | | |
| School Grade | K-12 | Post-secondary | | | |
| Date of Birth | Month-Day-Year | | | | |
| Enrolling in: | WCMS Activity, lessons, ensemble, etc | | | | |

If Student is under 18, please complete this section:

Parent/Guardian #1 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 |

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**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:**

*(Monthly Amount,
please)*

| | |
|--|----------------------|
| Mortgage/rental | <input type="text"/> |
| Alimony payments | <input type="text"/> |
| Child Support payments | <input type="text"/> |
| Car payment | <input type="text"/> |
| Unreimbursed Medical expenses | <input type="text"/> |
| Insurance costs: Health Auto Home | <input type="text"/> |
| Utilities (if not included in rent): gas/oil electric water phone cable/internet | <input type="text"/> |

**Monthly
Household
EXPENSES:**

*(Monthly Amount,
please)*

| | |
|------------------------------------|----------------------|
| Day Care | <input type="text"/> |
| Tuition | <input type="text"/> |
| Real estate taxes | <input type="text"/> |
| DOR Payments (Dept. of Revenue) | <input type="text"/> |
| Lien Payments | <input type="text"/> |
| Wage garnishment | <input type="text"/> |
| Other unusual expenses | <input type="text"/> |

Name of
School:

Please
explain:

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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? <i>Must indicate an amount for form to be processed.</i> | \$ <input type="text"/> | <i>Note: If multiple students in family, indicate how much per student, not in total. WCMS can arrange a payment plan to assist you in the budgeting of this expense.</i> |
|---|-------------------------|---|

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: Free meals at school 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 |

| |
|---|
| <input type="text"/> |
| Printed name of parent/guardian or applicant if over 18 |

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