





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

**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>
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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:**     Free meals at school     reduced-price meals at school

Is your family eligible for food stamps, WIC, or SNAP? Please list	<input type="text"/>
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**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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