



Confidential Financial Aid Form 2024-2025

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	<input type="text"/> Last	<input type="text"/> First	<input type="text"/> Initial		
Marital Status:	<input type="text"/>				
Address	<input type="text"/> Number and Street		<input type="text"/> Town/City	<input type="text"/> State	<input type="text"/> ZIP
E-Mail Address	<input type="text"/>				
Telephone	<input type="text"/> Home	<input type="text"/> Cell	<input type="text"/> Work/School		
Employment Info	<input type="text"/> Employer	<input type="text"/> Position/Occupation			
Employer Address	<input type="text"/> Number and Street		<input type="text"/> Town/City	<input type="text"/> State	<input type="text"/> ZIP

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

Salary/earnings Information:

Name of earner:	<input type="text"/> Last	<input type="text"/> 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"/> Last	<input type="text"/> 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"/> Last	<input type="text"/> 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"/> Last	<input type="text"/> 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 checked="" 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/Child Support payments	<input type="text"/>
Groceries	<input type="text"/>
Transportation expenses: Car payment Fuel Public Transit	<input type="text"/>
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)*

After School Care/Day Care/Elder Care	<input type="text"/>	Name of School(s):
Tuition costs: Private School Extracurricular Activities/Summer Programs	<input type="text"/>	
Instrument Rentals	<input type="text"/>	
Real estate taxes	<input type="text"/>	
DOR Payments (Dept. of Revenue)	<input type="text"/>	Please explain:
Wage Garnishments	<input type="text"/>	
Debt Payments: Student Loans Liens Credit Card Debt	<input type="text"/>	
Other monthly expenses not listed above	<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? <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, and/or one-time extraordinary expenses, you would be willing to share that will help the Financial Aid 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 SNAP, WIC, SFMNP? 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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