

**APPLE ORCHARD SCHOOL
SCHOLARSHIP APPLICATION**
School Year 2019 - 2020

NEW APPLICATION: _____ RENEWAL: _____ DATE: _____

NAME OF STUDENT APPLICANT: _____

HOME ADDRESS: _____

TELEPHONE #: _____ (HOME) _____ (PARENT CELL)

EMAIL ADDRESS: _____

FAMILY INFORMATION:

Student lives with:

_____ Both Parents
_____ Other (explain)

Check, if any apply:

_____ Parents separated (month / yr. _____)
_____ Parents divorced (month / yr. _____)
_____ Student has legal guardian
_____ Parent unable to work
_____ Parent deceased

PARENT / GUARDIAN 1

Name:

Age:

Home Address:

Home Phone:

Occupation:

Title:

Employed by:

Years in current job:

Full or part-time?

Work phone:

Other jobs?

PARENT / GUARDIAN 2

Name:

Age:

Home Address:

Home Phone:

Occupation:

Title:

Employed by:

Years in current job:

Full or part-time?

Work phone:

Other Jobs?

IF CHILD DOES NOT LIVE WITH BOTH PARENTS, PLEASE FILL IN BELOW.

Name of parent claiming student as a tax dependent in 2018 _____

Is there a court ordered agreement specifying a contribution for this child's educational expenses? _____ YES _____ NO

PARENTS' ANNUAL INCOME AND EXPENSES

(Please give these amounts before deductions for taxes, social security, etc.)

1) <u>Taxable Income:</u>	2018	Estimated 2019
A. Salaries / Wages Parent / Guardian 1:	_____	_____
B. Salaries / Wages Parent / Guardian 2:	_____	_____
C. Income from tenants/borders:	_____	_____
D. Dividend and/or interest income:	_____	_____
E. Alimony received:	_____	_____
F. Net profit (loss) from business:	_____	_____
G. Other taxable income (give sources):	_____	_____

2) <u>Non -Taxable Income:</u>	2018	Estimated 2019
A. Child support received:	_____	_____
B. Social Security benefits:	_____	_____
C. Payments to IRA, 401-Ks, and/or other retirement plans:	_____	_____
D. Other non-taxable income: (please give sources)	_____	_____
E. Gift income from relatives/friends:	_____	_____

3) <u>Expenses:</u>	2018	Estimated 2019
A. Total federal income tax paid (Use total tax, not amount withheld)	_____	_____
B. Total Social Security (FICA) paid	_____	_____
C. Massachusetts State Tax paid (amount owed)	_____	_____

	2018	Estimated 2019
D. If you own your house and other properties how much in real estate taxes do you pay?	_____	_____
E. Total medical/dental expenses, not covered by insurance, plus medical insurance premiums paid.	_____	_____
F. If you had any emergency or unusual expenses, give amounts and <u>explain</u> . Do not include replacement or repair costs for car or home.	_____	_____
G. Do you pay any child support? and/or alimony?	_____	_____

4) **PLEASE LIST ALL DEPENDENT CHILDREN** living in your household, including applicant. (List applicant first). List all school fees. Do not list day care (See # 9C)

	Child 1	Child 2	Child 3	Child 4
Name and age of child:	_____	_____	_____	_____
Name of school:	_____	_____	_____	_____
Public/private/college:	_____	_____	_____	_____
Grade / Year in school:	_____	_____	_____	_____
Total cost per year:	_____	_____	_____	_____
Amount paid by Parent / Guardian:	_____	_____	_____	_____
Amount tuition aid:	_____	_____	_____	_____
Amount from loans:	_____	_____	_____	_____

5) **PARENT/GUARDIAN EDUCATION**

	Parent/Guardian 1	Parent/Guardian 2
Name and age of parent/guardian:	_____	_____
(Currently in School) Full or part-time:	_____	_____
Name of school:	_____	_____

Total cost per year: _____

Amount paid: _____

Amount of tuition aid: _____

Amount from loans: _____

Total cost: _____

6) OTHER DEPENDENTS: (adult or child)

Please list the names of any other dependents and indicate where they live. Also, include the amount of dollar support you provided to them in 2017 and amount expected to be given in 2018:

7) HOUSING:

A. If you rent your home, list monthly rent excluding utilities: \$ _____

If you:	B. Own your own home	C. Own other real estate
Year purchased	_____	_____
Purchase price	_____	_____
Total value-fire insurance	_____	_____
Present market value	_____	_____
Monthly mortgage payments (exclude tax escrow)	_____	_____
Mortgage held by	_____	_____
Unpaid mortgage balance	_____	_____
One/two family house	_____	_____
Rent received in 2018	_____	_____
Rent expected in 2019	_____	_____

D. If you do not have rent/mortgage payments on family residence, please explain:

8) OTHER ASSETS:

A. Other investments? Specify and give value.

\$ _____

\$ _____

B. Life insurance policies? Total face value.

\$ _____
\$ _____
\$ _____

C. Assets held by children. Specify and give value.

\$ _____
\$ _____
\$ _____

D. Trust Funds established for students (now or future). Provide details.

\$ _____
\$ _____
\$ _____

E. Savings account(s):

\$ _____ amount _____ bank
\$ _____ amount _____ bank
\$ _____ amount _____ bank

F. Money market accounts:

\$ _____ amount _____ name
\$ _____ amount _____ name
\$ _____ amount _____ name

G. Checking accounts:

\$ _____ amount _____ bank
\$ _____ amount _____ bank
\$ _____ amount _____ bank

H. Car(s)/recreational vehicles/boats, owned or leased:

	#1	#2	#3	#4
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Year	_____	_____	_____	_____
Own Outright	_____	_____	_____	_____
Part Owner	_____	_____	_____	_____
Monthly Payments	_____	_____	_____	_____
Payment Termination Date	_____	_____	_____	_____

I. Complete the following (only if you own a business):

Percentage of ownership? _____ %
Assets _____
Liabilities _____

11. In reviewing your family's financial situation, please indicate the amount you think you can pay in 2019 - 2020 as part of the total tuition/fees:

	Child # 1	Child # 2	Child # 3
From parents' income & assets:	_____	_____	_____
From student earnings & assets:	_____	_____	_____
From friends, relatives, & trusts:	_____	_____	_____
From Social Security benefits:	_____	_____	_____
From loans:	_____	_____	_____
From other sources:	_____	_____	_____

12. Have you applied for tuition aid from any other school (s)? _____ YES _____ NO

If yes, please list schools: _____

STATEMENT FROM PARENTS: We encourage you to make additional comments, which you think will help the Financial Assistance Committee understand your family's financial situation.
(Attach separate pages as needed)

PLEASE ENCLOSE ALL REQUIRED DOCUMENTS AND SIGN/DATE THE APPLICATION.

_____ Enclosed are full copies of my original signed and dated (2017) Tax Returns and all schedules.

_____ Enclosed are copies of my 2017 W2 Forms.

I understand that my application will not be considered without a completed signed Scholarship Application and all required tax returns.

Signed: _____ Date: _____
Parent/Guardian 1

Signed: _____ Date: _____
Parent/Guardian 2

REMINDER: 2018 TAX FORMS must be submitted once filed