

## Financial Aid Application 2010

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please check the box above that reflects the total gross income for your household. Please complete the income details on this page and attach a copy of your 2009 tax form(s). If tax forms have not been completed, include W-2 forms and any other income statements for entire household.

I certify that the information I have provided on this form regarding my total gross household income is accurate and complete.

Signature: \_\_\_\_\_

Check Box	If your total gross household income is:	You pay per week:	
		Member	Non-member
<input type="checkbox"/>	\$29,999 or below*	\$50.00	\$90.00
<input type="checkbox"/>	\$30,000-49,999	\$100.00	\$140.00
<input type="checkbox"/>	\$50,000-69,999	\$150.00	\$190.00
<input type="checkbox"/>	\$70,000-99,999	\$200.00	\$240.00
<input type="checkbox"/>	\$100,000 or above	\$250.00	\$290.00
Income information not required at this level.			

\*Include a \$25.00 nonrefundable deposit per child, per week

<u>Parent/Guardian 1 Income for 2009</u>	
Employment	\$ _____
Unemployment	\$ _____
Disability	\$ _____
Social Security	\$ _____
Child Support	\$ _____
State Assistance	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

<u>Parent/Guardian 2 Income for 2009</u>	
Employment	\$ _____
Unemployment	\$ _____
Disability	\$ _____
Social Security	\$ _____
Child Support	\$ _____
State Assistance	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>