

APPLICATION FOR SPECIAL CIRCUMSTANCES

Confidential Financial Information

Date: _____ Student name: _____

Parent/Guardian Name(s): _____

Please fill out the following information and return this form and a copy of your last year's tax return and any other applicable documents to Eastside Academy. EA intends to use this information to establish a fair and supportable contribution for your child's care. We consider this confidential. A committee will meet to discuss your application and you will be informed of their decision by phone and/or letter in a timely fashion.

Please describe your need for additional financial assistance.

Please describe your MONTHLY household income.

Primary Income Name: _____	
Gross Monthly Salary or Wages:	\$ _____
All Other Sources of Income (Specify)	
a)	_____
b)	_____
c)	_____
Withholdings:	
a) Federal, State Local Taxes	\$ _____
b) Social Security	\$ _____
c) Medical Insurance	\$ _____
d) Retirement Contribution	\$ _____
e) Garnishments	\$ _____
(Including Child Support)	
Adjusted Net Monthly Income:	\$ _____
Savings Account Balances:	\$ _____

Secondary Income
Name (if applicable): _____

Gross Monthly Salary or Wages: \$ _____

All Other Sources of Income (Specify)

 a) _____

 b) _____

 c) _____

Withholdings:

 a) Federal, State Local Taxes \$ _____

 b) Social Security \$ _____

 c) Medical Insurance \$ _____

 d) Retirement Contribution \$ _____

 e) Garnishments \$ _____

 (Including Child Support)

Adjusted Net Monthly Income: \$ _____

Savings Account Balances: \$ _____

Please describe your MONTHLY household expenses.

Parent/Guardian combined obligations:	Monthly Payment
Housing (Mortgage/Rent)	\$ _____
Vehicle Loans (All Types)	\$ _____
Bank Installment Loans	\$ _____
Non-Bank Installment Loans	\$ _____
Educational Loans	\$ _____
Credit Card Debt (Specify)	
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
Utilities:	
a) Natural Gas (or propane, oil)	\$ _____
b) Electricity	\$ _____

c) Water/Sewage/Irrigation	\$ _____
d) Telephone	\$ _____
e) Waste Disposal	\$ _____
Transportation Expenses:	
a) Gasoline (average monthly)	\$ _____
b) Bus Fares (average monthly)	\$ _____
c) Parking	\$ _____
Insurance:	
a) Life	\$ _____
b) Health/Medical (if not deducted from pay)	\$ _____
c) Auto/Vehicle	\$ _____
d) Home/Rental	\$ _____
e) Other	\$ _____
Food (average monthly)	\$ _____
Clothing	\$ _____
Prescription Drugs/Medical Aids	\$ _____
Tuition Payments	\$ _____
Other Debt (Specify)	\$ _____
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
TOTAL COMBINED MONTHLY EXPENSES	\$ _____

	Creditor's Name	Balance
Mortgage Holder or Landlord	_____	
Vehicle Loan Holder	_____	

Bank Installment Loans	_____	

Other Installment Loans	_____	

Education Loans	_____	

Credit Cards	_____	

Utility Companies	_____	

I feel I could afford to pay Eastside Academy \$_____ each month toward the support of my child. Failure to note specific scholarship needs may delay application process, although this does not guarantee the scholarship amount requested.

Parent's (Guardian's) Declaration:

I (We) declare that the financial information provided above is both truthful and accurate to the best of my (our) knowledge. I (We) authorize Eastside Academy to verify this information with my (our) creditors.

Signature of Mother (Guardian)

Signature of Father (Guardian)

(Please Print Name Clearly)

(Please Print Name Clearly)