

St. Albans Country Day School
FINANCIAL AID APPLICATION
2015-2016 School Year

Please attach a complete copy of your most recent federal tax return, including any applicable schedules, to this application. Only the Head of School and bookkeeper will have access to this information.

Name of student: _____ Grade _____

Student's address: _____

Father's name: _____

Father's address: _____

Father's employer: _____ Occupation _____

Salary or average earnings (yearly): _____

Mother's name: _____

Mother's address: _____

Mother's employer: _____ Occupation _____

Salary or average earnings (yearly): _____

If one parent is not living in the family home, does that parent contribute to expenses, and to what extent? _____

Income other than above stated earnings or contributions: _____

Unusual expenses: _____

Number of children in family: _____ Ages: _____

Why are you applying for a scholarship? _____

How do you feel that St. Albans can help your child? _____

How do you expect to be of service to the school? _____

Parent Signature: _____

Work Phone: _____ Evening Phone: _____

E-mail: _____

Date: _____