

St. Albans Country Day School  
**FINANCIAL AID APPLICATION**

**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? \_\_\_\_\_

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

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How do you expect to be of service to the school? \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_