



ST ANNE'S SCHOOL
OF ANNAPOLIS

Financial Aid Application

Student's full name _____

Current Grade Level _____

Home address _____

DOB _____

Telephone _____

Email _____

Status of Parents: Married Separated Divorced Deceased Single

Child lives with: _____

Parent A/Guardian

Parent B/Guardian

Name _____

Employer _____

Position _____

How long employed _____

Salary: (circle one)
per year per month per week _____

Other income and source _____

Savings Account:
Bank Account # _____

Balance _____

Housing Information:
Do you own or rent? _____

Monthly Payment _____

Outstanding Debts
Bank/Credit Card/Other

Balance Due

Monthly Payment

Monthly expenses exclusive of rent/mortgage, food and utilities:

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you are enrolling your child in Preschool or Prekindergarten, please indicate whether you intend to enroll your child in AEP, and if so, how many days per week?

Are there any special family circumstances that necessitate this application?

What portion of the tuition are you requesting for consideration by the Financial Aid Committee? Please be specific as to the amount.

I/We affirm that the above answers are complete, true and contain current information. I also understand that this is for Financial Aid Committee use only.

Parent A/Guardian Signature

Date

Parent B/Guardian Signature

Date

