

Center K-12 Financial Aid Form

INSTRUCTIONS AND REQUIRED DOCUMENTS

Please complete fully, one per household. In order for us to evaluate your financial need, we ask that you answer all questions on this application. We are unable to consider applications that are incomplete or have unexplained partial information. Submit the form with required supporting documents listed below.

- A copy of the most recent tax return filed. (We will need to see only the pages that show the name of the person or persons filing, who is claimed, and the annual gross household income.) If your application states that more than one person in the household files taxes separately, we will need to see both returns.
- If you do not file taxes, the following may be provided as alternate proofs; other documents or statements substantiating income, (social security, unemployment, or public assistance). No pay stubs.

1. APPLICANT INFORMATION

Student's first name(s)
Student's last name(s)

2. DO I QUALIFY?

In order to be eligible for financial aid and/or need-based programs, the family's household income must be within the limits defined by the NYS free/reduced lunches listed below. If your household income and family size on the chart below shows that you are eligible, please continue with the rest of this form. If your income shows that you are ineligible, but you would still like to apply for aid, please provide further information about the circumstances you would like us to consider.

Family Size	Annual Income
1	\$26,973
2	\$36,482
3	\$45,991
4	\$55,500
5	\$65,009
6	\$74,518
7	\$84,027
8	\$95,536
Each Additional Person	\$9,509

- My household qualifies for aid.
- My household does not qualify for aid, but I will provide more information to consider.

3. HOUSEHOLD INFORMATION

Please check all that apply to the applicant's family:

- Parents married
- Parents separated
- Parents divorced
- Single-parent household
- Mother deceased
- Father deceased

Does your household receive any form of public assistance?

Please check all that apply.

- None
- Food stamps
- Social Security
- Section 8 Housing
- Unemployment benefits
- Temporary Assistance for Needy Families (TANF)
- Other (please explain below)

Are there any special circumstances that have affected your family within the last year? Please check all that apply.

- None
- Change in work status
- Death in the family
- Loss of job
- Change in living arrangements
- Illness, injury, or medical issue
- Recent separation/divorce
- Income and/or child support reduction
- Bankruptcy
- Other (please explain below)

Fill in the following information for everyone living in your household:

First and last name	Age	Relationship to the applicant	Annual adjusted gross income for this individual (if none, write "0")

Total assets (checking accounts, savings accounts, stocks, etc.): \$

Total household annual adjusted income: \$

4. HOUSING

If you own your house/apartment:

Monthly mortgage payments: \$

Unpaid mortgage: \$

Number of people contributing to mortgage:

If you rent your house/apartment:

Monthly rent: \$

Number of people contributing to rent:

5. CERTIFICATION

I (We) certify that the above information is complete and accurate to the best of my (our) knowledge.

Signature of parent or guardian:

Date:

CONTACT

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Center for Art, Design, and Community Engagement

