



2020-21 Financial Aid Registration Form

Section A: Parent/Guardian Information

Parent/Guardian A: _____

Address: _____

Place of Employment _____ Years with Employer _____

Marital Status _____ Custody Status _____ Date of Birth _____

Best Contact Phone _____ Email _____

Parent/Guardian B: _____

Address: _____

Place of Employment _____ Years with Employer _____

Marital Status _____ Custody Status _____ Date of Birth _____

Best Contact Phone _____ Email _____

Do both parents/guardians endorse enrollment at SWS? _____

Section B: Student Information

Oldest Student Name _____ Grade in 2020-21 _____

Currently Enrolled at SWS _____ How many years at SWS? _____ New Applicant _____

2nd Oldest Student Name _____ Grade in 2020-21 _____

Currently Enrolled at SWS _____ How many years at SWS? _____ New Applicant _____

3rd Oldest Student Name _____ Grade in 2020-21 _____

Currently Enrolled at SWS _____ How many years at SWS? _____ New Applicant _____

Section C: Household Members (other than parents/guardians)

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

Section D: Income (leave no fields blank)

We will use your 2018 tax return to process your application, however, we may request your 2019 tax return to verify the information you supply.

Please indicate the amount of total income for the 2019 calendar year. _____

Please indicate the amount of non-employment income for the 2019 calendar year. Be sure to complete each line. Enter \$0 if no income was received from the source listed.

Investment Income _____ Child Support _____ Alimony _____ Income Tax

Refund _____ 529 Plan _____ Other _____

Social Security _____ Worker’s Comp _____ Monetary Gifts _____

What changes in income to you anticipate for 2020? _____

Section E: Primary Tuition Resource (leave no fields blank)

List all financial sources you use to pay SWS tuition? (Ex: employment, investments, savings, tax refund, other)

Do you receive support from family, friends, employer or other(s) to help pay tuition? _____ Amount:\$ _____

Section H: Certification Statement

By signing this financial aid application, I certify that all the information reported is complete and correct. I understand the Susquehanna Waldorf School may apply EITC funds to any scholarship or portion thereof for which we may qualify. The Susquehanna Waldorf School may release personal and award information to program donors and agencies and may publicly announce names of scholarship recipients.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Non-discrimination Policy: The Susquehanna Waldorf School follows a policy of nondiscrimination in all aspects of operation and does not discriminate against any person on the basis of religion, sex, color, age or national, disability, cultural or ethnic origin. Any complaints of discrimination may be filed with the Office for Civil Rights, the US department of Health and Human Services, the Bureau of Civil Rights Complaints, the Department of Human Services, and/or the Pennsylvania Human Relations Commission.

Comments: