



2021-22 Financial Aid Registration Form

Please complete the entire form. Leave no BLANKS. Any incomplete form will be returned to you and may result in delay of processing.

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 & Expense

We will use your 2020 tax return to process your application, however, we request that you submit your 2020 tax return (by April 30, 2021) to verify the information you supply.

Please indicate the amount of total gross income for the 2020 calendar year. _____

Please indicate the amount of non-employment income for the 2020 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 2021? _____

What is the total amount of tax-deferred payments you made in 2020 and the amount you estimate for 2021? _____

What is the total expense in 2020 you paid out-of-pocket for medical/dental insurance premiums and plans? _____

What is the total expense in 2020 you paid for car loans? _____ Mortgage/rent? _____

Section E: Tuition Resources

What is the full cost of tuition for your children at SWS for 2021-22? _____

How much money are you contributing from your own earnings or assets? _____

How much are you receiving from other sources (friends, relatives) _____

What is the total value of any IRA, pension or other retirement plan held by parent(s)guardian(s). _____

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

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, gender 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.

Please share any information you would like to be considered in your appeal for Financial Aid: