



## CONFIDENTIAL FINANCIAL AID APPLICATION

A Parent-Teacher Run Cooperative for Pre-Schoolers in Harvard Square

24A Farwell Place, P.O. Box 382310 • Cambridge, MA 02238-2310 • 617.354.4229 • www.gardennurseryschool.org

The information on this application will be used solely by the Financial Aid Committee. During the review of applications, only the Financial Aid Chairperson will know the names of applicants. Awards will be made on the basis of financial need. Applications are due by May 1<sup>st</sup> for the following academic year and award decisions will be made by June 1<sup>st</sup>.

Garden Nursery School has a limited amount of money available for financial assistance. To allocate this money as fairly as possible, we need information about your family situation, income, major expenses, assets, and debts. Please fill this form out completely, making sure to omit any identifying information on pages 2-3 for purposes of confidentiality. Please attach copies of your tax returns for the previous two years with the completed application and send to the Financial Aid Chairperson, care of Garden Nursery School. If you have any questions, refer to the GNS Family Handbook or call the Financial Aid Chairperson (generally the Co-President in the 4's class).

**Please note that the Financial Aid Committee will not consider incomplete applications or those submitted without two years of tax return information. Incomplete applications are the responsibility of the applicant, not the Financial Aid Chairperson or Committee.**

This application consists of three pages. If you do not have all three pages, please notify the Financial Aid Chairperson.

I hereby attest to the accuracy of the following information. I understand that all such information will remain confidential.

\_\_\_\_\_

*Signature of Parent/Guardian*

\_\_\_\_\_

*Date*

### General Information:

Child's Name: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian #2: : \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) and age(s) of other dependents (children and/or adults): \_\_\_\_\_

**Financial Information:**

I. Annual Gross Income

A. Annual salary (including bonuses, wages, tips, undocumented income):

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

B. Income from assets (e.g. mutual funds, investments, savings, trusts, rental income):

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

C. Fellowships and/or scholarships:

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

D. Other sources (e.g. allowance/support from relatives, money gifts, alimony, child support):

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

E. Total annual income: \_\_\_\_\_

Do you anticipate any significant changes in your income in any of the above categories during the coming 18 months? If so, please describe these changes and specify how they will impact your income.

II. Major Annual Expenses\*

*\* Please note that utilities, food, clothing, recreation and other basic living expenses are not included in these totals.*

A. Rent and/or monthly mortgage payments on a monthly basis: \_\_\_\_\_

B. Car payments on a monthly basis: \_\_\_\_\_

C. Tuition payments for children and/or adults on an annual basis. Please list school(s) and yearly amount(s):

\_\_\_\_\_

D. Other expenses (e.g. alimony, child support, medical expenses, student loan payments, etc.). Please list:

\_\_\_\_\_

\_\_\_\_\_

E. Total major annual expenses \_\_\_\_\_

III. Assets and Liabilities

A. Assets

1. Value of all real estate (e.g. home, rental property, vacation home): \_\_\_\_\_

2. Mutual funds, stocks, bonds, savings accounts: \_\_\_\_\_

3. Value of car(s): \_\_\_\_\_

Please list make(s), model(s) and year(s) of all cars: \_\_\_\_\_

\_\_\_\_\_

4. Other assets: \_\_\_\_\_

Please list: \_\_\_\_\_

B. Liabilities

1. Mortgages \_\_\_\_\_

2. Student loans outstanding \_\_\_\_\_

3. Other debts (e.g. other loans, credit card balances, etc.) \_\_\_\_\_

Please list: \_\_\_\_\_

IV. Financial Need

Must you receive financial aid in order for your child to attend Garden Nursery School?

If so, please estimate the amount of aid you will need.

Please return the completed application along with copies of your tax returns for the previous two years to:

**Financial Aid Chairperson  
Garden Nursery School  
P.O. Box 382310  
Cambridge, MA 02238-2310**

*Applications need to be received by May 1<sup>st</sup>.*