

COLUMBIA GREENHOUSE NURSERY SCHOOL
404 West 116th Street
New York, New York 10027

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APPLICATION FOR FINANCIAL AID

Child's name: _____ Birthdate: _____

Parent's name: _____

Address: _____ Apt # _____ Zip _____

Phone (home): _____ (cell) _____

Occupation: _____

Employer: _____

Parent's name: _____

Address: _____ Apt # _____ Zip _____

Phone (home): _____ (cell) _____

Occupation: _____

Employer: _____

Other dependent children:

	Name	Age	Current School	Cost
1)	_____	_____	_____	\$ _____
2)	_____	_____	_____	\$ _____
3)	_____	_____	_____	\$ _____

Please list other individuals to whom you contribute support:

	Name	Relationship	Form of Support	Annual Amount
1)	_____	_____	_____	\$ _____
2)	_____	_____	_____	\$ _____

Income Data: Please attach a copy of your W-2 form(s) for the most recent tax year. Please also attach a copy of your Federal Income Tax Return (Form 1040) for the most recent year in which you have filed. Your application will not be considered without this documentation. By April 15, a copy of your Form 1040 for the most recent tax year must be submitted to the school.

<u>Annual Gross Earning:</u>	<u>Last Year (2010)</u>	<u>Current Year (2011)</u>	<u>Next Year (2012)</u>
Parent's Salary:	\$ _____	\$ _____	\$ _____
Parent's Salary:	\$ _____	\$ _____	\$ _____
Other Income: (specify**):	\$ _____	\$ _____	\$ _____

**("Other Income" includes interest, dividends, self-employment, alimony, child support, social security.)

Family Assets:

Total money in Savings account(s): \$ _____

Total value of stocks and bonds: \$ _____

Do you own your home/apartment/property? ___yes ___no
If you answered yes, what is its value? \$ _____

Do you own or rent a second home? ___yes ___no
If own, what is the value of the second property? \$ _____

Are there any trust funds for parents or child(ren)? ___yes ___no
If yes, please explain _____

Family Expenses:

Cost **per year** of rent/mortgage/maintenance: City home: \$ _____
Second home: \$ _____

Cost **per year** of child care (other than school tuition) for all children in the family:
After school care: \$ _____ Summer camp: \$ _____
Babysitter: \$ _____ Day Care for Sibling: \$ _____

Please list any extraordinary family or other expenses (such as medical, psychological, educational expenses, etc.) that you feel are relevant to this application:

Expense _____ Cost **per year:** \$ _____
Expense _____ Cost **per year:** \$ _____
Expense _____ Cost **per year:** \$ _____

Please list any loans or other debts over \$500 that you have: _____

Legal status of parent: ___Married ___Separated ___ Divorced ___Single

If parents are separated or divorced,
with which parent does child live? _____

Which parent(s) will sign the contract and bear financial responsibility?_____

Please share any other circumstance(s) which affect your financial situation that you feel is (are) relevant to this application. _____

Parent Signature: _____ Date _____

Parent Signature: _____ Date: _____

(Please be assured the information given above will be held in strictest confidence.)