

# Summerfield WALDORF SCHOOL & FARM

EARLY CHILDHOOD THROUGH HIGH SCHOOL • ESTABLISHED 1974

## FINANCIAL ASSISTANCE APPLICATION

**Name of person(s) applying for assistance:** \_\_\_\_\_

Information given in this Application is for the exclusive use of the Summerfield Waldorf School & Farm Financial Aid Committee in determining your eligibility for financial assistance. It will be kept strictly confidential. Applications will not be considered unless all questions are answered completely. Copies of your 2009 tax return and W-2 must be received at SSS no later than March 8, 2010.

Both parents of separated families, and/or any other person paying for your child's tuition, must apply for assistance through SSS; unless there is a court-decreed educational responsibility (which must be included with this application).

**SSS PFS Code/ID #** \_\_\_\_\_ (please enter the number assigned to your SSS application when you applied on-line)

**Children for Whom Assistance is Requested** (Sibling discounts will be offered with your financial assistance proposal):

Grade Next Year	Student's Full Name	I /We Can Afford to Pay (28E on SSS form)	+	Grant Amount Requested (28F on SSS form)	+	Annual Tuition to be Paid by Others (28G & H on SSS form)	=	Total Annual Tuition (as per SWSF Tuition Schedule)
			+		+		=	
			+		+		=	
			+		+		=	
<b>Totals</b>			+		+		=	

**I certify that the information submitted to SSS is true and correct. I will keep SWSF and SSS informed of any changes that affect the submitted SSS application. I understand that failure to do so may jeopardize my grant received from SWSF.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**APPLICATION DEADLINE: FEBRUARY 12, 2010**  
**COPIES of TAX RETURN & W-2 DEADLINE: MARCH 8, 2010**

**Name of Parent(s) or Guardian(s):**

Name \_\_\_\_\_

Custodial       Joint-custodial       Non-custodial

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Custodial       Joint-custodial       Non-custodial

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please use the back of this sheet to detail any additional expenses or extenuating circumstances you wish the Financial Aid Committee to take into consideration.**