



FINANCIAL ASSISTANCE APPLICATION FORM

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Please complete and return both pages of this application to:
Financial Aid Committee
Glenview New Church Schools
74 Park Drive
Glenview, IL 60025

The information provided will be held in strict confidence.

For school year: _____

Name of applicant (parent or guardian): _____

Address: _____

FAMILY INFORMATION

Names of applicant and all of applicant's dependents <small>(please include spouse if spouse is a dependent.)</small>	Age	Relationship to applicant	Occupation	School or college expected to attend this coming year
Applicant:				
Dependent(s):				



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INCOME AND EXPENSE INFORMATION for the most recent calendar year
You must include a signed copy of your U.S. income tax return for the most recent calendar year.

Total income		\$	.00
Father's income earned from work		\$	.00
Mother's income earned from work		\$	.00
UNTAXED INCOME	Annual untaxed Social Security benefits	\$	.00
	Annual child support received	\$	.00
	Deductible IRA/ Keogh (etc.) payments	\$	.00
	Other untaxed income and benefits	\$	.00
U.S. income tax paid		\$	.00
Medical/dental expenses not paid by insurance		\$	.00
Tuition/fees paid to the Academy of the New Church (High School, College)		\$	.00

FAMILY ASSET INFORMATION

	what is it worth now?	what's owed on it?
Cash, savings accounts, checking accounts	\$.00	\$.00
Financial assets (including stocks, bonds, money market funds, mutual funds, certificates of deposit, other securities, mortgages held, etc.)	\$.00	\$.00
Real estate other than principal residence (including rented property, land, second and summer homes, etc.)	\$.00	\$.00
Business/farm	\$.00	\$.00
Other investments (including commodities, precious and strategic metals, etc.)	\$.00	\$.00

UNUSUAL CIRCUMSTANCES

Indicate any unusual circumstances that have bearing on this application:

Signature of applicant _____ Date _____