

SWS FINANCIAL AID REQUEST FORM 23-24 ACADEMIC YEAR



Susquehanna Waldorf School invites you to apply for financial aid using this form.

Please complete the entire form. Leave no BLANKS.

Any incomplete form will be returned to you and may result in delay of processing.

Please return this form with a copy of your 2022 W2(s)(required) and 2022 tax return (if completed).

See Instructions for more details about submitting your tax return.

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: _____

SECTION B: student information

Oldest Student's Name: _____ Grade in 23-24: _____

Currently Enrolled at SWS: _____ How many years at SWS?: _____ New Applicant: _____

2nd Oldest Student's Name: _____ Grade in 23-24: _____

Currently Enrolled at SWS: _____ How many years at SWS?: _____ New Applicant: _____

3rd Oldest Student's Name: _____ Grade in 23-24: _____

Currently Enrolled at SWS: _____ How many years at SWS?: _____ New Applicant: _____

SECTION C: household members (other than parents/guardians)

Name: _____ Relationship with Student: _____

Name: _____ Relationship with Student: _____

Name: _____ Relationship with Student: _____

SECTION D: income + expense

We will use your 2022 W2(s) and 2022 tax return for income verification in your application.

Please indicate the amount of total gross income for the 2022 calendar year: _____

Please indicate the amount of non-employment income for the 2022 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: _____ Other: _____ Gifts: _____

Social Security: _____ Worker's Comp: _____ Real Estate Rental(s): _____

What changes in income do you anticipate for 2023? _____

What is the total amount of tax-deferred payments in 2022? _____

What is the amount you estimate for 2023? _____

What is the total expense in 2022 you paid out-of-pocket for medical/dental insurance premiums and plans? _____

What is the total expense in 2022 you paid for car loans? _____ Mortgage/rent? _____

SECTION E: tuition resources

What is the full cost of tuition – before financial aid – for your children at SWS for 2023-24? _____

What is the anticipated percentage of Financial Aid that you are anticipating for 2023-24? _____

(Please note that SWS does not offer financial aid awards over 50%).

How much tuition do you anticipate contributing from your own earnings or assets, including a 529 plan? _____

How much tuition are you contributing from 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, 529, other): _____

SECTION F: certification statement

By signing this financial aid request, I certify that all the information reported is complete and correct. I understand the Susquehanna Waldorf School may apply EITC scholarship funds to any portion of aid for which we may qualify. The Susquehanna Waldorf School may release a recipient's 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 one's religion, race, sex, age, gender identity, sexual orientation, ability, or national, 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.

Should you wish to make further notes with your application, please supply your statement on a separate page. Thank you.