

STRATFORD FOUNDATION

d/b/a Commonwealth Learning Center

220 Reservoir Street, Suite 6

Needham, MA 02494

Financial Aid Office

(781) 444-5193, ext 11

FINANCIAL AID APPLICATION

Application Date: _____

STUDENT'S FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

CUSTODIAL PARENT'S FIRST NAME: _____

LAST NAME: _____

SPOUSE FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE # : HOME () ____ - ____ WORK () ____ - ____ CELL () ____ - ____

PARENTS' CURRENT MARITAL STATUS: (PLEASE CHECK ONE)

SINGLE

SEPARATED

WIDOWED

MARRIED

DIVORCED

COMMONWEALTH LEARNING CENTER ADMITS STUDENTS OF ANY RACE, RELIGION, NATIONAL OR ETHNIC ORIGIN AND PROVIDES FINANCIAL AID TO THOSE WHO QUALIFY, WITHOUT REGARD TO RACE, RELIGION, NATIONAL OR ETHNIC ORIGIN.

PLEASE LIST ALL FAMILY MEMBERS WHO LIVE AT HOME AND/OR ARE CLAIMED AS DEPENDENTS ON THEIR PARENTS INCOME TAX FORM:

PARENTS SHOULD INCLUDE THEMSELVES IF CURRENTLY ATTENDING SCHOOL

	Full name of family member	Age	Relationship	During the past school year, attends college or private school for at least one term		Name of school or college this person attends	Grade in school
				Full-time	Part time		
1				<input type="checkbox"/>			<input type="checkbox"/>
2				<input type="checkbox"/>			<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>			<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>

LEAVE NO PART OF THE FOLLOWING SECTIONS ON THIS FORM BLANK. IF A QUESTION DOES *NOT* APPLY TO YOU, WRITE N/A OR 0. PLEASE CALL WITH ANY QUESTIONS.

PLEASE NOTE THAT ANY DOCUMENTATION PRESENTED TO THE COMMONWEALTH LEARNING CENTER FINANCIAL AID OFFICE BECOMES THE PROPERTY OF THE CENTER.

NOTE: ALL FINANCIAL RECORDS WITH IDENTIFYING PERSONAL INFORMATION WILL BE DESTROYED AFTER REVIEW BY THE FINANCIAL AID OFFICE AND A DECISION HAS BEEN MADE ON THE APPLICATION. PLEASE DO NOT SEND ORIGINALS.

STUDENT TAX INFORMATION

STUDENT: CHECK THE STATEMENT WHICH IS MOST ACCURATE

_____ STUDENT **HAS** FILED A CURRENT YEAR FEDERAL INCOME TAX RETURN WITH IRS (ENCLOSE A SIGNED PHOTOCOPY OF THE RETURN WITH ALL SCHEDULES AND W-2 FORMS)

_____ STUDENT **WILL** FILE A CURRENT YEAR FEDERAL INCOME TAX RETURN WITH THE IRS

_____ **NOT APPLICABLE** (STUDENT IS A DEPENDENT CHILD)

PARENT TAX INFORMATION

PARENT(S): CHECK THE APPROPRIATE STATEMENTS

_____ I/WE HAVE FILED/WILL FILE A CURRENT YEAR FEDERAL INCOME TAX RETURN

_____ I/WE WILL NOT FILE A CURRENT YEAR FEDERAL INCOME TAX RETURN
(YOU WILL BE REQUIRED TO SIGN AN AFFIDAVIT INDICATING THAT YOU WERE NOT REQUIRED TO FILE)

_____ OTHER: _____

PARENT(S): DETAIL HOW MUCH MONEY YOU RECEIVED IN THE TAX YEAR FROM EACH OF THE CATEGORIES BELOW AND PROVIDE APPROPRIATE DOCUMENTATION, WHICH CAPTURES THE DATE RANGE WHEN THE INCOME WAS RECEIVED.

<u>TYPE OF INCOME</u>	<u>AMOUNT RECEIVED</u>	<u>FREQUENCY</u>
AFDC/GENERAL RELIEF (Including food stamps - SNAP)	_____	_____
SOCIAL SECURITY* (Both Parent and CLC student)	_____	_____
CHILD SUPPORT	_____	_____
ALIMONY	_____	_____
UNTAXED PENSION	_____	_____
401K DEDUCTION	_____	_____
V.A. BENEFITS	_____	_____
UNEMPLOYMENT INSURANCE	_____	_____
OTHER UNTAXED INCOME (For example: tax-free interest and dividends)	_____	_____

*social security income only not social security numbers

REMEMBER, LEAVE NO PART OF THIS FORM BLANK. IF A QUESTION DOES NOT APPLY TO YOU - EITHER WRITE N/A OR 0 (ZERO)

PLEASE FEEL FREE TO COMMENT ABOUT ANY UNUSUAL FINANCIAL PROBLEMS YOU MAY BE EXPERIENCING.
USE ADDITIONAL PAPER IF NECESSARY.

BY SIGNING BELOW, I CERTIFY THAT ALL OF THE INFORMATION REPORTED ON THIS FORM IS CORRECT AND, FURTHER, THAT I UNDERSTAND THAT FINANCIAL AID IS NOT RETROACTIVE. ANY FINANCIAL AID AWARDED WILL BE EFFECTIVE ONLY AS OF THE DATE OF THE AWARD LETTER. ALL TUTORIAL SESSIONS BEFORE THAT DATE WILL BE BILLED AT THE FULL TUITION RATE.

STUDENT'S SIGNATURE DATE SPOUSE'S SIGNATURE DATE

PARENT'S SIGNATURE DATE OTHER PARENT'S SIGNATURE DATE
(If student is supported in part or whole by parents)

CHECKLIST

BEFORE MAILING,

DID YOU (PLEASE CHECK BOXES):

- Include a **SIGNED** photocopy of 1040/1040A tax forms and ***all schedules and forms*** required by the Internal Revenue Service. Please redact all personal identifiers like social security numbers, birthdates, and banking information.

ALL PAGES OF YOUR TAX FORM MUST BE INCLUDED. FEDERAL FORMS MUST BE SIGNED BY THE APPLICANT EVEN IF PREVIOUSLY SIGNED BY THE TAX RETURN PREPARER. SEND ONLY YOUR FEDERAL RETURN.

- INCLUDE A COPY OF ALL APPLICABLE W-2 FORMS?
ALL W-2 FORMS MUST BE INCLUDED.

- FILL IN ALL THE INFORMATION ON THE FORM, LEAVING NO BLANKS.

- INCLUDE INCOME & EXPENSE WORKSHEET AS WELL AS ANY APPLICABLE NOTARIZED AFFIDAVITS.

ANY MISSING INFORMATION OR TAX FORMS (INCLUDING SIGNITURES ON TAX FORMS) WILL RESULT IN A DELAY IN RESPONSE TIME.

NOTE: PLEASE SUBMIT YOUR APPLICATION AND ATTACHMENTS TO THE DIRECTOR OF THE CENTER YOU PLAN TO ATTEND FOR REVIEW PRIOR TO YOUR APPLICATION BEING FORWARDED TO STRATFORD FOUNDATION FOR A DECISION.

THANK YOU,

STRATFORD FOUNDATION AND ITS
COMMONWEALTH LEARNING CENTERS