



## 2020/21 Financial Aid Request Form

Instructions: Be sure to complete all items on this form. Do not leave any item blank – enter zeros if appropriate. Please base information on your most recent income tax return(s). **Please provide all pages of your 2018 Income Tax Return blacking out any social security numbers.**

If the child(ren)'s parents are separated/divorced and the applicant(s) are financially supported in whole or in part by a non-custodial parent/guardian/other adult, then ***each parent or supporting adult must fill out a Financial Aid Request Form.***

*This application is a confidential financial statement.*

### **Contact Information:**

Student(s)' Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

My Employment is:  Part Time  Full Time  Commission Based  Seasonal

Income Tax Filing Status:  Single

Head of Household

Married Filing Jointly

Married Filing Separately

*(If filing separately, each parent/custodian must complete a Financial Aid Request Form)*

Parent/Guardian 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does this person live in the same household with Parent/Guardian 1 and child(ren)?  Yes  No

Home Address *(If different):* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

My Employment is:  Part Time  Full Time  Commission Based  Seasonal

## Family Financial Information

1. Family Adjusted Gross Income (AGI) as reported to the IRS:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under \$10,000      | <input type="checkbox"/> \$10,000 - \$19,000 | <input type="checkbox"/> \$20,000 - \$29,000 |
| <input type="checkbox"/> \$30,000 - \$39,000 | <input type="checkbox"/> \$40,000 - \$49,000 | <input type="checkbox"/> \$50,000 - \$59,000 |
| <input type="checkbox"/> \$60,000 - \$75,000 | <input type="checkbox"/> \$76,000 - \$90,000 | <input type="checkbox"/> More than \$90,000  |

2. Please list any additional household income, contributions, Federal or State aid, and benefits. If the applicant is financially supported in whole or in part by a non-household adult or agency, the contributions from these parties must be included. (attach additional pages if needed)

	Source	Amount
1.		
2.		
3.		

*Examples include, but are not limited to, welfare, child support, alimony, pensions, retirement, trusts, social security, respite, health insurance benefits, FIA, SSI, workman's comp, unemployment benefits, etc.*

3. How many family members does the above income support? \_\_\_\_\_

4. Please list your childcare expenses and their amounts:

(Attach additional pages if necessary)

	Childcare Expenses	Amount
1.		
2.		
3.		

*Examples include, but are not limited to, day care, nanny/full-time babysitter, etc.*

5. Please list any unusual expenses/debts and their amounts:

(Attach additional pages if necessary)

	Expenses/Debt	Amount
1.		
2.		
3.		

*Examples include, but are not limited to, student loans, medical or dental expenses not covered by insurance, catastrophic event not covered by insurance, etc.*

**Family Financial Information, continued**

6. In the space below, please describe why your family is in need of financial aid. Please include information about special circumstances, unreimbursed medical expenses, and any other factors that may help us to understand your family's situation. (Attach additional pages if necessary.)

7. Does your child(ren) want to attend Odyssey School?  Yes  No

8. In the space below, please describe your child(ren) and explain how s/he will benefit from attending Odyssey School. (Attach additional pages if necessary.)

**Family Financial Information, continued**



9. Please list the class(es) in which your student(s) are applying for and the tuition cost for each class:

	Student Name	Grade	2020/21 Tuition Cost
1.			
2.			
3.			
		<b>TOTAL TUITION:</b>	\$

10. Please enter the dollar amounts available for tuition costs:

	Category	Amount
1.	From parent', stepparents', or other supporting adult's income and assets:	
2.	From child(ren)'s own assets:	
3.	From friends, relatives, trusts:	
4.	From Social Security, other income, State/Federal aid or benefits:	
5.	From State Agencies, local scholarships, or other sources:	
	<b>TOTAL AMOUNT AVAILABLE FOR TUITION:</b>	\$

11. Considering total tuition cost and the total amount available for tuition costs that you could contribute towards your child(ren)'s tuition, how much financial aid are you requesting from Odyssey? \$ \_\_\_\_\_

**We declare that the information on this form, to the best of our knowledge, is true, correct and complete:**

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Don't forget to include all pages of your 2018 Tax Return.  
Incomplete applications will not be considered.**