



# Teton Science Schools

## FINANCIAL ASSISTANCE DOCUMENTATION

### Summer 2010

Financial assistance is awarded based on applicant's demonstrated need and available funds. There is a \$100 minimum per program that is required to be paid for each program. The balance of the tuition per program will be based upon financial need. Should you decide that your Financial Aid award is not satisfactory, a refund of the \$100 will be provided. You must include a copy of your 2009 Federal Income Tax return (and all schedules) or a completed Business/Farm Statement if you own a business or farm. To apply for financial aid, this form is due with your registration application, along with \$100 per program and your 2009 tax return. Requests for financial aid are limited to 2 programs per child.

I am submitting this application on behalf of my child(ren) who is(are) applying to Teton Science Schools

Program Name(s): \_\_\_\_\_ date(s): \_\_\_\_\_

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

Person(s) Submitting this Application: \_\_\_\_\_

For all programs, please note that in the case of divorced/separated parents, each parent must submit a Financial Assistance Application on behalf of his or her household in order for the student(s) to be considered for an award.

**This application reflects financial information for the household of:**

- \_\_\_\_\_ Student(s)' Mother and Father (married/ share same household)
- \_\_\_\_\_ Student(s)' Father (and if applicable, Stepparent/Guardian /Domestic Partner)
- \_\_\_\_\_ Student(s)' Mother (and if applicable, Stepparent/Guardian /Domestic Partner)
- \_\_\_\_\_ Student(s)' Guardian(s)'

**The amount you can afford per program:**

**Program:** \_\_\_\_\_ **Amt:** \_\_\_\_\_

**Program:** \_\_\_\_\_ **Amt:** \_\_\_\_\_

**Portion of program tuition your household will pay for all students listed:**

- From Parent(s)'/Guardian(s)' Income \_\_\_\_\_
- From Parent(s)'/Guardian(s)' Assets / Savings \_\_\_\_\_
- From Friends/Relatives \_\_\_\_\_
- From Student(s)' Earnings \_\_\_\_\_
- From Student(s)' Own Assets / Savings \_\_\_\_\_
- From Other Sources (please specify) \_\_\_\_\_

**Please explain any extenuating circumstances you would like the Financial Assistance Committee to consider:**  
(attach additional page if necessary.)

# PARENTS' ANNUAL INCOME AND EXPENSE STATEMENT

Please estimate, as accurately as possible, the annual income & expenses for all persons living in your household

<b>ANNUAL HOUSEHOLD INCOME</b>		<b>Employed (FT, PT)</b>
		<b>Full-, Part-time, #hrs/week</b>
<b>1. Gross Income before taxes</b>	<b>1 a. Mother/Stepmother/Other</b> _____	_____
including: salaries, wages, tips, interest/ investment/retirement income, gifts, social security, payments in-kind, alimony, child support, etc.)	<b>1 b. Father/Stepfather/Other</b> _____	_____
<b>2. Business Expenses</b>	<b>2 a. Mother/Stepmother/Other</b> _____	
	<b>2 a. Father/Stepfather/Other</b> _____	
<b>3. Net Income before taxes</b>	<b>3 a. Mother/Stepmother/Other</b> _____	
(item 1a minus item 2a)	<b>3 b. Father/Stepfather/Other</b> _____	
(item 1b minus item 2b)		
<b>4. Net Household Income before taxes</b>		
(item 3a plus item 3b)	_____	

## ANNUAL HOUSEHOLD EXPENSES

<b>5. Federal Taxes</b>	_____
<b>6. State Taxes</b>	_____
<b>7. Medical / Dental</b> (cost of insurance and uninsured payments)	_____
<b>8. Food</b> (including school lunches)	_____
<b>9. Clothing</b>	_____
<b>10. Mortgage / Rent</b>	_____
<b>11. Insurance: Life/Homeowner's/Renter's</b>	_____
<b>12. Utilities</b> (phone, cell, cable, electricity, gas, water, internet, etc.)	_____
<b>13. Transportation</b> (car payment, gas, insurance, bus fare)	_____
<b>14. Employment-related Daycare</b>	_____
<b>15. Alimony / Child Support / Elder Care Support</b>	_____
<b>16. Other Private School/College Expense</b>	_____
<b>17. Consumer Debt Payments</b> (credit cards, recreational vehicles, etc.)	_____
<b>18. Child(ren)'s Lessons/Camps/Sports Activities</b>	_____
<b>19. Vacations / Recreation / Entertainment</b>	_____
<b>20. Educational Savings / Retirement / Investments, etc.</b>	_____
<b>21. Other Expenses</b> (please specify): _____	_____
<b>22. Net Household Expenses</b> (total items 5-21)	_____
<b>NET HOUSEHOLD INCOME LESS EXPENSES</b> (item 4 less item 22)	_____

### Parent(s)/Guardian(s)' Signature(s):

We have checked this form for omissions and errors. To the best of our knowledge the information reported about our household is complete and accurate.

\_\_\_\_\_ Date: \_\_\_\_\_