



Fletcher Academy

Financial Information

2017-2018 School Year

Student's Name: _____ Grade: _____ Dormitory _____ Community _____

Please provide the following information regarding the person financially responsible for this Student's account at FA:

Name(s): _____ Relationship to student: _____

Address: _____ City: _____ State: ____ Zip: _____

Employer: _____ Cell Telephone () _____

E-mail address: _____ Home Telephone () _____

*****If you are requesting Financial Assistance, please complete the remainder of this form. If not, you are finished with this form.***

PLEASE ATTACH A COPY OF YOUR COMPLETE 2016 IRS 1040 INCOME TAX RETURN TO THIS APPLICATION. IF YOUR 2016 FEDERAL TAXES HAVE NOT BEEN FILED, PLEASE ATTACH COPIES OF YOUR W-2 FORMS, 1099 TAX FORMS, AND DOCUMENTS LISTING INCOME FOR FY2016. **THIS APPLICATION FOR STUDENT AID CANNOT BE PROCESSED UNTIL THESE ITEMS HAVE BEEN RECEIVED.**

Please list all adults and dependent children living in the same household of person financially responsible for this account:

<u>Name</u>	<u>Relationship to student</u>	<u>Grade</u>	<u>School Attending</u>	<u>Yearly tuition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the total amount of the Household's gross income from your 2016 Tax Return \$ _____

Do you receive other financial support not included on the IRS Form 1040? _____

If so, how much from welfare payments _____

Social security payments _____

Food stamps _____

Child support _____

Other sources of financial support _____

What is the **most** that you can pay on this account each month from all sources? \$ _____

Please enclose any statement you wish to provide to the Committee regarding special circumstances or hardships in this household that should be considered in determining the Student Aid for this student.

Signature of person responsible for this account

Date