

**INSTRUCTIONS:**

Please print this application (or type responses here, then print) and fax to: (202) 726-0748 or mail to: Parkmont School Admissions Office, 4842 Sixteenth St. NW, Washington, DC 20011.

## Application for Financial Aid/OSP Recipients

2020-2021 Academic Year

Dear Applicant:

The information supplied by the applicant will be considered strictly confidential. It will not be made available to any individual or group not directly concerned with the granting of financial aid in the school.

**Please include a copy of the first 2 pages of your most recent Federal Income Tax Return. If you do not file taxes, please include a copy of the financial documents you provide to OSP.**

**Child's Name:** \_\_\_\_\_

Child's Social Security #: \_\_\_\_\_

Male     Female    Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

**Father or Parent 1**

Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

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

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

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Mother or Parent 2**

Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

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

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

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Provide current year 2019-2020 information below for all dependent children. Please list the Applicant first.**

Name	Age	Grade	Name of School	Tuition Fees from Parent Income & Assets	Financial Assistance	Tuition Assistance from Other Sources

**Provide next year 2020-2021 information below for all dependent children. Please list the Applicant first.**

Name	Age	Grade	Name of School	Tuition Fees from Parent Income & Assets	Financial Assistance	Tuition Assistance from Other Sources

## Annual Income and Expenses

### Salaries and Wages before taxes:

	2019	Estimated 2020
Father or Parent 1	\$ _____	\$ _____
Mother or Parent 2	\$ _____	\$ _____

Annual Rent or Mortgage \$ \_\_\_\_\_

Medical Expenses: \_\_\_\_\_

Please list other financial obligations or expenses which have a bearing on this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Assets

Real Estate (present market value): \_\_\_\_\_ Unpaid Mortgage: \_\_\_\_\_

Bank Accounts Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

Other Investments (present market value): \_\_\_\_\_

Family Cars Owned (make and years): \_\_\_\_\_

Total Car Debt: \_\_\_\_\_

Are there any other funds which might be applied to the candidate's education?

Yes  No If the answer is yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Tuition for the 2020-2021 school year is \$38,400.**

The Opportunity Scholarship amount for the 2019-2020 year was \$13,534 for upper school students and \$9,022 for middle school students. (2020-2021 amounts will be released in the spring.) Every family is expected to contribute toward tuition on a monthly basis, September through June.

Please indicate the monthly amount you are able to pay: \$ \_\_\_\_\_

All OSP families are required to sign a contract with the school. The school determines each family's monthly contribution from the information included on this form along with a recent tax return.

Parkmont School Inc. has our permission to verify the information reported.

\_\_\_\_\_  
Father or Parent 1

\_\_\_\_\_  
Mother or Parent 2

\_\_\_\_\_  
Date

### INSTRUCTIONS:

Please print this application (or type responses here, then print) and fax to: (202) 726-0748 or mail to: Parkmont School Admissions Office, 4842 Sixteenth St. NW, Washington, DC 20011.