



4842 Sixteenth Street, NW  
Washington, DC 20011  
202-726-0740

**Ron McClain**  
Head of School

# Application for Financial Aid

## 2024-2025 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.**

The school would like to call the applicant's attention to the fact that money available for financial aid is limited. The use of Parkmont scholarship funds in cases where the need for financial aid is not acute may deprive others of educational opportunities.

Please complete all fields below and submit to Parkmont via **email, drop-off, or mail.**

Child's Name:	Child's Social Security Number:	Date of Birth:
Applicant's Address:		Primary Telephone Number:

**Parent/Guardian 1**

Full Name:	
Home Address:	
Social Security Number:	Occupation:
Employer:	Work Phone:
Work Address:	

**Parent/Guardian 2**

Full Name:	
Home Address:	
Social Security Number:	Occupation:
Employer:	Work Phone:
Work Address:	

Provide **current year's (2023-2024)** financial information below for all dependent children.

**Please list the Applicant first.**

Dependent's Name	Age	Grade	School	Tuition & Fees You Pay	Scholarships/ School Aid Amount	Tuition Assistance from Other Sources

Provide **next year's (2024-2025)** estimated financial information below for all dependent children.

**Please list the Applicant first.**

Dependent's Name	Age	Grade	School	Tuition & Fees You Will Pay	Scholarships/ School Aid Amount	Tuition Assistance from Other Sources

**ANNUAL INCOME**

**Parent/Guardian 1**

**Parent/Guardian 2**

2023 Salaries and Wages before Taxes:

Estimated 2024 Salaries and Wages before Taxes:

2023 Salaries and Wages before Taxes:

Estimated 2024 Salaries and Wages before Taxes:

**ANNUAL EXPENSES**

Annual Rent or Mortgage:

Medical Expenses:

Other Expenses (please list other financial obligations or expenses which may have a bearing on this application):

**ASSETS**

**Real Estate**

**Bank Accounts**

**Other Investments**

Present Market Value:

Savings:

Present Market Value:

Unpaid Mortgage:

Checking:

**Family Cars Owned**

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

Make: Year:

Yes No

Make: Year:

If the answer is yes, please explain:

Make: Year:

Make: Year:

**The tuition for the 2023-2024 school year is \$42,200.**

**Please indicate the amount of financial aid you would require:**

Parkmont School has our permission to verify the information reported.

The first two pages of family tax return(s) are included with this application.

Signature of Parent/Guardian 1:

Date:

Signature of Parent/Guardian 2:

Date:

Please complete this application and send to us via one of the following methods:

- **Email to** [admissions@parkmont.org](mailto:admissions@parkmont.org) (preferred method)
- **Drop-off** by placing in mail slot on front porch of school
- **Mail to** Parkmont School Admissions, 4842 Sixteenth St. NW, Washington, DC 20011