

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

> Ron McClain Head of School

Application for Financial Aid 2024-2025 Academic Year/OSP Recipients

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.

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 Telephon | e Number: |

Parent/Guardian 1

Parent/Guardian 2

| Full Name: | | Full N | lame: | | | |
|-------------------------------------|-------------|--------|---------------------|-------------|-------------|--|
| Home Address: | | Home | e Address: | | | |
| Social Security Number: Occupation: | | Socia | al Security Number: | Occupation: | | |
| Employer: | Work Phone: | Empl | oyer: | | Work Phone: | |
| Work Address: | | Work | Address: | | | |

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

| Please list the Applicant first. | | | | Tuition & Fees | Scholarships/ School Aid | Tuition Assistance from |
|----------------------------------|-----|-------|--------|----------------|-----------------------------|----------------------------|
| Dependent's Name | Age | Grade | School | You Pay | Amount | Other Sources |
| | | | | | | |
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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 | School Aid Amount | Assistance from Other Sources |
|------------------|-----|-------|--------|--------------------------------|----------------------|----------------------------------|
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Tuition

Scholarshins/

| | | | ANNUA | LINCOME | | | |
|---------------------------------------|----------------------------|------------------------------------|----------|---|-----------------|--|--|
| Paren | t/Guardian 1 | | | | Parent/ | Guardian 2 | |
| 2023 Salaries and Wages before Taxes: | Estimated 2 Wages befor | d 2024 Salaries and fore Taxes: | | 2023 Salaries and Wages before Taxes: | | Estimated 2024 Salaries and Wages before Taxes: | |
| | | | ANNUAL | EXPENSES | | | |
| Annual Rent or Mortgage: | | | | Other Expenses (pleat have a bearing on this a | | ncial obligations or expenses which may | |
| Medical Expenses: | | | | | | | |
| | | | AS | SETS | | | |
| Real Estate | | | Bank | Accounts | | Other Investments | |
| Present Market Value: | | Savings: | | | Present M | arket Value: | |
| Unpaid Mortgage: | | Checking | : | | | | |
| Family Cars | Owned | | Are ther | e other funds which m | ight be applied | I to the candidate's education? | |
| Make: | Year: | | Yes | No | | | |
| Malia | Veen | | If the a | nswer is yes, please exp | lain: | | |
| Make: | Year: | | | | | | |
| Make: | Year: | | | | | | |

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

The 2024-25 Opportunity Scholarship amounts will be announced in the spring. The 2023-24 scholarships were: Upper School students: **\$16,070** Middle School students: **\$10,713**

All OSP families are required to sign a contract with the school and expected to contribute to tuition on a monthly basis, September through June. The school determines each family's monthly contribution from the information included on this form along with a recent tax return.

Please indicate the monthly amount you are able to pay:

Parkmont School has our permission to verify the information reported.

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

Year:

Make:

| 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 (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