## **Parkmont** School

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

> Ron McClain Head of School

# **Application for Financial Aid**

### 2025-2026 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 Teleph			none Number:		
Parent	/Guardian 1				Parent/G	uardian 2	!		
Full Name:				Full Name:					
Home Address:				Home Address:					
Social Security Number: Occupation:				Social Security	Occupation:				
Employer:	Wo	rk Phone:		Employer:	Work Phone:				
Work Address:				Work Address:					
Provide current year's (2024-2) Please list the Applicant first.	<b>025)</b> financ	ial inforn	nation below fo	r all dependent ch	nildren. Tuition & Fees	Scholar Schoo	rships/	Tuition Assistance from	
Dependent's Name	Age	Grade	s	chool	You Pay	Amo		Other Sources	
Provide next year's (2025-2026 Please list the Applicant first.				below for all depe	Tuition & Fees	Scholar Schoo	ol Aid	Tuition Assistance from	
Dependent's Name	Age	Grade	5	CHOUL	You Will Pay	Amo	unt	Other Sources	

### **ANNUAL INCOME** Parent/Guardian 1 Parent/Guardian 2 2024 Salaries and Wages Estimated 2025 Salaries and 2024 Salaries and Wages Estimated 2025 Salaries and before Taxes: Wages before Taxes: Wages before Taxes: before Taxes: **ANNUAL EXPENSES** Annual Rent or Mortgage: Other Expenses (please list other financial obligations or expenses which may have a bearing on this application): Medical Expenses: **ASSETS Real Estate Bank Accounts Other Investments** Present Market Value: Present Market Value: Savings: Unpaid Mortgage: Checking: Are there other funds which might be applied to the candidate's education? **Family Cars Owned** Make: Year: Yes If the answer is yes, please explain: Make: Year: Make: Year: Make: Year: The tuition for the 2025-2026 school year is \$45,100. 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 (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