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/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:					P	rimary Tele	ephone	Number:			
Parent	/Guardian 1					Parent/Gu	uardiar	n 2			
Full Name:				Full Name:							
Home Address:				Home Address:							
Social Security Number: Occupation:				Social Security Number:			Occupation:				
Employer:	Wo	rk Phone:		Employer:			Work Phone:				
Work Address:				Work Address:							
Provide current year's (2024-2) Please list the Applicant first.					Tuition		Scł	larships/ nool Aid	Tuition Assistance from		
Dependent's Name	Age	Grade	Si	chool	You	Pay	Ar	mount	Other Sources		
Provide next year's (2025-2026 Please list the Applicant first. Dependent's Name	6) estimate	d financi Grade		below for all depe	ndent chi Tuition You W	& Fees	Sch	larships/ nool Aid mount	Tuition Assistance from Other Sources		

ANNUAL INCOME

Parent/0		Parent/Guardian 2					
2024 Salaries and Wages before Taxes:	Estimated 20 Wages before	025 Salaries and e Taxes:	2024 Salaries and Wages before Taxes:		Estimated 2025 Salaries and Wages 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:							
		AS	SETS				
Real Estate		Bank	Accounts	Other Investments			
Present Market Value:		Savings:		Present Ma	arket Value:		
Unpaid Mortgage:		Checking:					
Family Cars Ov	vned	Are then	e other funds which mig	ht be applied	to the candidate's education?		
Make:	Year:	Yes If the a	No nswer is yes, please explai	n:			
Make:	Year:		, ,				
Make:	Year:						
Make:	Year:						
	The tui	tion for the 2025-2	2026 school year is \$4	45,100.			
	ity Scholarsh	nip amounts will be	-	ng. The 202	4-25 scholarships were:		
		nines each family's			o tuition on a monthly basis, formation included on this form		
	Please i	ndicate the monthl	y amount you are abl	e to pay:			
Pa	arkmont Sch	ool has our permissi	on to verify the inform	ation report	red.		
The first two pages of famil	v tax return(:	s) are included with	this application.				

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

• Email to admissions@parkmont.org (preferred method)

Date:

Signature of Parent/Guardian 1:

- **Drop-off** by placing in mail slot on front porch of school
- Mail to Parkmont School Admissions, 4842 Sixteenth St. NW, Washington, DC 20011

Signature of Parent/Guardian 2:

Date: