

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

2018-2019 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 2017-2018 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 2018-2019 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:

	2017	Estimated 2018
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 2018-2019 school year is \$35,800.

The Opportunity Scholarship amount for the 2017-2018 year was \$12,981 for upper school students and \$8,653 for middle school students. (2018-2019 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.