

Financial Aid Application

For Summer 2021

Financial Aid Application Deadline: April 9, 2021



What you need to do before you apply for financial aid:

- All children must be registered online.
- A deposit of \$100 per week, per child, must be paid online, along with a non-refundable registration fee of \$50 per child, before the Financial Aid application is submitted.

If you DO receive financial aid from your child's current school (the Bank Street School, the Bank Street Family Center or another private school) you do not need to fill out this form. Instead:

- Submit a copy of the financial aid letter you received, on school letterhead, stating the percentage or allotment you received for the 2020-21 school year.
- Complete the Financial Aid Short Form

If you DO NOT receive financial aid from your child's current school:

- Complete the following Financial Aid Application as thoroughly as possible.
- Submit this application, along with your most recent tax returns, to the Summer Camp office.

It is only necessary to complete one application form per family. If guardians reside in separate households, each guardian needs to submit a financial aid application and tax information. If there are special circumstances in your family that would help us better understand your financial situation, please include a written explanation.

Full payment for all Summer Camp balances is due June 1, 2021.

If you withdraw from Summer Camp before June 1, and after the financial aid is awarded, you will be refunded your deposit minus the \$50 registration fee per child.

The Bank Street Summer Camp Financial Aid Committee does not review incomplete applications. Awards are granted to students on the basis of family need and availability of aid. Financial Aid awards are granted for one year at a time and must be applied for annually. Financial Aid is a tuition discount based on a family's ability to pay. It is not a loan. However, Bank Street believes that all families should contribute to their child's educational expenses. The maximum scholarship is 45% of the tuition. All aid will be determined by April 9. As there is limited aid available, we encourage timely submission of materials.

Please email or mail this application to the following address:

camp@bankstreet.edu

If you have any questions about this process, feel free to email or call the camp office at camp@bankstreet.edu and (212) 875.4705.

Summer Camp Financial Aid Applicant Information (please list all children who will enroll in Summer Camp 2021):

Child 1 Full Name: _____ DOB: _____

Child 2 Full Name: _____ DOB: _____

Child 3 Full Name: _____ DOB: _____

Part I. Parent/Guardian Information

Guardian 1 Full Name _____

Address _____ City State Zip _____

Best Telephone # _____ Email Address _____

Occupation and Position _____

Employer's Name and Address (if unemployed, what are your intentions/prospects with regard to employment?) _____

Guardian 2 Full Name _____

Address _____ City State Zip _____

Best Telephone # _____ Email Address _____

Occupation and Position _____

Employer's Name and Address (if unemployed, what are your intentions/prospects with regard to employment?) _____

Status of Guardian(s)

Married Separated Divorced Single One Parent Deceased Domestic Partners

If either parent remarried: Name of Stepparent _____

Name of Stepparent _____

If parents are separated or divorced, please describe how much time the child spends with each parent.

What are the terms of the divorce, separation, or parental agreement with regard to child support or alimony?

Part II. Child(ren) Information

Name(s) of Child(ren) who reside in the Household

| Name of Child | Date of Birth | Current School or Childcare | Check (✓) if Fin Aid Recipient | Cost of School or Childcare |
|---------------|---------------|-----------------------------|--------------------------------|-----------------------------|
| | / / | | | |
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Part III. Household Information

Are there other adults not listed in the previous section who live in your home?

1. Name of Adult Relationship to applicant child Occupation

Income \$ _____ Has assumed support of the child? yes no

2. Name of Adult Relationship to applicant child Occupation

Income \$ _____ Has assumed support of the child? yes no

If parents are separated or divorced, please list adults and children who live in the household of the parent where the applicant DOES NOT reside (excluding stepparent).

Adult Relationship to applicant child

Adult Relationship to applicant child

| Name of Child | Date of Birth | Current School or Childcare | Check (✓) if Fin Aid Recipient | Cost of School or Childcare |
|---------------|---------------|-----------------------------|--------------------------------|-----------------------------|
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Part IV. Financial Information

Are there any trust accounts for either parents or child(ren)? yes no

If yes, please explain

Are there grandparents or relatives who could assist with paying tuition? yes no

If yes, please explain

For each parent, please provide the following for all applicable fields:

Parent/Guardian 1:

(Name) _____

| | 2018 | 2019 | 2020 |
|--|--------|-----------|-----------|
| | Actual | Estimated | Estimated |
| <i><u>Taxable Sources of Income</u></i> | | | |
| Wages, salaries, tips, earned income (gross) | | | |
| Interest Income | | | |
| Dividend Income | | | |
| Alimony Income | | | |
| Business income/(loss) | | | |
| Capital Gain/(Loss) | | | |
| Workers Compensation | | | |
| Rent from owned property | | | |
| Social Security | | | |
| IRA/ Pension distribution | | | |
| Severance payment | | | |
| Unemployment Compensation | | | |
| Any additional income not listed | | | |

Non-taxable sources of income

| | | | |
|--------------------------------|--|--|--|
| Child Support | | | |
| Support from Relatives/Friends | | | |

Net After Tax Income:

| | | | |
|--|--|--|--|
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|--|--|--|--|

Parent/Guardian 2 (if applicable)

(Name) _____

| | 2018 | 2019 | 2020 |
|--|--------|-----------|-----------|
| | Actual | Estimated | Estimated |
| <i><u>Taxable Sources of Income</u></i> | | | |
| Wages, salaries, tips, earned income (gross) | | | |
| Interest Income | | | |
| Dividend Income | | | |
| Alimony | | | |
| Business income/(loss) | | | |
| Capital Gain/(Loss) | | | |
| Workers Compensation | | | |

Rent from owned property
 Social Security
 IRA/ Pension distribution
 Severance payment
 Unemployment Compensation
 Any additional income not listed

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Non-taxable sources of income

Child Support
 Support from Relatives/Friends

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Net After Tax Income:

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Please complete the following information about your vehicle(s) (if applicable):

What is the make/model/year of the car(s) you drive:

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Expenses (ANNUAL)

Rent (annual):
 Condo/coop maintenance (annual):
 Own home taxes (annual):
 Condo/coop mortgage (annual):
 Other debt/loan payments (annual):
 Own home mortgage (annual):

| | 2018 | 2019 | 2020 |
|--|--------|-----------|-----------|
| | Actual | Estimated | Estimated |
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Additional Expenses (ANNUAL):

Cost of medical insurance (if paid by self)
 Medical expenses, not covered by insurance
 School Tuition for all children
 Other Child Care Expenses
 College Tuition (or loans/interest payments)
 Alimony
 Child Support
 Other (explain):
 Other (explain):
 Other (explain):
 Other (explain):

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| | 2018 | 2019 | 2020 |
|--|--------|-----------|-----------|
| | Actual | Estimated | Estimated |
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Family Assets: please provide the information requested

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|-----------------------------|----|
| Value of Savings Account(s) | \$ |
| Value of Stocks and Bonds | \$ |
| Value of Retirement Assets | \$ |

Primary Residence: Please check (✓) if you own your:

| Type of dwelling | Current Estimated Value |
|---|-------------------------|
| Home | \$ |
| Apartment | \$ |
| Additional Property (please describe): _____ | \$ |
| Additional Property (please describe): _____ | \$ |

Family Liabilities: please provide the information requested

| | |
|--|----|
| Current Value of Credit Card Debt | \$ |
| Current Value of Personal Loans | \$ |
| Current Value of Student Loans | \$ |
| Current Value of Other Debts (please describe: _____) | \$ |

Please list below any extraordinary family expenses, such as medical, psychological, or educational expenses, which you feel are relevant to this application.

Expense _____ Cost per year \$ _____

Expense _____ Cost per year \$ _____

Expense _____ Cost per year \$ _____

How much can you afford to pay for each child attending Bank Street Summer Camp (not including after-camp expenses). Do not leave blank. Your answer to this question allows us to consider an award.

Child #1 \$ _____

Child #2 \$ _____

Child #3 \$ _____

