

APPLICATION FOR NEEDS-BASED FINANCIAL AID

This application should be completed at the earliest possible date. All applicable fields must be completed and required accompanying documentation must be submitted with the application. Failure to fully complete and sign the application and provide required documentation will result in the application being rejected. Applicants may reapply if funds are available. Funds run out quickly, so earlier correctly completed submittals have a greater chance of receiving an award.

All Webb Youth Services Education financial aid awards are reflected on the academic year invoice. No payments will be made directly to the applicant or their family. Education without Walls has final say in any and all disputed matters.

SECTION A: STUDENT INFORMATION:

Child's Legal Name: _____
Last First MI

Name child goes by: _____

Child's date of birth: _____

Child's school: _____ Present grade level: _____

Child's sex at birth: _____ Child's gender identity: _____

Child's Email Address: _____

Child's Phone Number: _____

Child's Address: _____

Is Child in Foster Care: ____ Yes ____ No. If yes, case manager's name and contact info: _____

SECTION B: PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1's Legal Name: _____
Last First MI

Parent/Guardian 1's Address: _____

Parent/Guardian 1's Email Address: _____

Parent/Guardian 1's Phone Number: _____

Parent/Guardian 2's Legal Name: _____
Last First MI

Parent/Guardian 1's Address: _____

Parent/Guardian 1's Email Address: _____

Parent/Guardian 1's Phone Number: _____

Parents are: _____ Not Married _____ Married _____ Divorced _____ Separated _____ Deceased

_____ Other (*explain*): _____

Other assets (as of date of application - include both parents and the child's):

Cash, savings, checking account balances as of today's date: \$ _____

Stocks, bonds, certificates of deposits and other investments: \$ _____

Annual interest/dividend earnings: \$ _____

Trust Funds: \$ _____

Other Assets not previously listed: \$ _____

Other Income:

	Child	Parent 1	Parent 2
Social Security Benefits:	\$ _____	\$ _____	\$ _____
Dependent Child Income:	\$ _____	\$ _____	\$ _____
Alimony/Child Support Received:	\$ _____	\$ _____	\$ _____
Other 2022 & 2022 untaxed income/benefits:	\$ _____	\$ _____	\$ _____

SECTION D: EMPLOYMENT INCOME:

	Child	Parent 1	Parent 2
2022 W2 Income: <i>(attach copies of all 2022 W2s)</i>	\$ _____	\$ _____	\$ _____
2022 Adjusted Gross Income from 2022 Tax return: <i>(attach copies of 2022 signed federal tax returns)</i>	\$ _____	\$ _____	\$ _____
Expected 2022 W2 Income:	\$ _____	\$ _____	\$ _____
Other Income not previously listed?:	\$ _____	\$ _____	\$ _____

SECTION E: 1099 INCOME:

	Child	Parent 1	Parent 2
2022 1099 Income:	\$ _____	\$ _____	\$ _____
2022 Adjusted Gross Income from 2022 Tax return: <i>(attach copies of 2022 signed federal tax returns)</i>	\$ _____	\$ _____	\$ _____
Expected 2022 1099 Income:	\$ _____	\$ _____	\$ _____

Other Income not previously listed?: \$ _____ \$ _____ \$ _____

SECTION F: BUSINESS INCOME:

	Child	Parent 1	Parent 2
2022 Business Income: <i>(attach copies of 2022 & 20 P&L, Balance Sheet for ALL businesses)</i>	\$ _____	\$ _____	\$ _____
2022 Adjusted Gross Income from 2022 Tax return: <i>(attach copy of business' signed 2022 federal tax return)</i>	\$ _____	\$ _____	\$ _____
Expected 2022 Income:	\$ _____	\$ _____	\$ _____
Other Income not previously listed?	\$ _____	\$ _____	\$ _____

SECTION G: Other Tuition

Have you paid tuition to any previous school, academic institution to homeschool program for any education for the child the financial aid is being applied for: _____ Yes _____ No

If yes. Please list all the schools, institutions and/or home school program the child has attended and dates of attendance:

Please list all the annual tuition and all fees you paid to each school, institution and/or home school program:

SECTION H: Multiple Children

Do you have more than one child? _____ Yes _____ No

If so, are any of them in a private school, institution and/or homeschool program? _____ Yes _____ No

If yes, will this (these) other child(ren) also be attending Education without Walls? _____ Yes
_____ No

If these other children are attending another school/program/institution that is NOT Education without Walls then please list all the schools, institutions and/or home school program the other child(ren) has (have) attended and dates of attendance:

Please list all the annual tuition and all fees you paid to each school, institution and/or home school program for each child:

SECTION I: Certification and Agreement:

I hereby certify that the above information is accurate, complete and subject to verification. I agree to allow Webb Youth Services Education to run a credit check on all parents. I agree that Education without Walls has final decision in any and all disputed matters. I agree that decision is final.

Signature Parent 1

Date

Printed Name Parent 1

Signature Parent 2

Date

Printed Name Parent 2