



FINANCIAL AID QUESTIONNAIRE SCHOOL # 4135

Student Name _____

Parent A _____
(preferred contact)

Parent B _____

Contact method (e-mail address or telephone number) _____

You have provided some of this information on the SSS application. We are asking for it again because we have found that many applicants misunderstand the questions or do not fully complete them. Other information is requested to help us get a more complete picture of your family and financial need.

- 1. Please list all other adults (other than parent A or B) living at the same address and their relationship.
Name Relationship

- 2. Do you have a mortgage on your home? If so, please provide the following information:

First Mortgage Balance _____ Date it will be paid off _____
Second Mortgage Balance _____ Date it will be paid off _____

- 3. Please provide the following information for nontaxable income:

Cash gifts _____

Obligations paid on your behalf, including tuition _____

These amounts withheld from payroll:

Retirement contributions to a 401(k) or 403(b) plan _____

Dependent care plan contributions _____

Medical insurance for yourself _____

Medical insurance for other family members _____

Flexible medical spending account amounts _____

- 4. If applicable, please list the number of GET units each child has after the rebase:

Name Units

- 5. If you only submitted your W-2s to SSS, please attach a full "W-2 and Earnings Summary" showing all deductions from gross payroll.

We declare that the information reported on this form is true, correct and complete to the best of our knowledge.

Parent A Signature _____ Date _____

Parent B Signature _____ Date _____