

Naval Academy Primary School Request for Financial Assistance

Please complete this form and provide copies of your two most recent federal income tax returns in order to be considered for financial aid for the upcoming academic year. A new form must be submitted each year for which financial aid is desired.

1. Financial Assistance Desired (complete all that apply):

| | |
|-------------------------------------|----------|
| Tuition assistance in the amount of | \$ _____ |
| Fees assistance in the amount of | \$ _____ |
| Uniform assistance in the amount of | \$ _____ |
| Total assistance requested | \$ _____ |

Note: Financial aid is not available for extended-care fees.

2. Parents' Information

Mother's Name _____ Employer _____

Job Title _____

Military Rank/Rate/Civil Service Grade _____

Reserve Affiliation (if applicable): Unit _____ Position _____

Type: SELRES (paid drills) Inactive Ready Reserve Recall to Active Duty

Father's Name _____ Employer _____

Job Title _____

Military Rank/Rate/Civil Service Grade _____

Reserve Affiliation (if applicable): Unit _____ Position _____

Type: SELRES (paid drills) Inactive Ready Reserve Recall to Active Duty

3. Other Family Information

Name(s) of child(ren) at NAPS _____

Other siblings:

Name _____ Age _____ School _____ Annual Tuition/Fees _____

Name _____ Age _____ School _____ Annual Tuition/Fees _____

Name _____ Age _____ School _____ Annual Tuition/Fees _____

4. Financial Information

Please provide financial data for your household in this section. If parents are divorced, list only the custodial parent's information. If the custodial parent has remarried, the stepparent's data should be included in the household data.

a. Do you receive any financial assistance from relatives or other outside sources toward your NAPS expenses? ___No ___Yes If yes, please include this assistance as income when completing this form.

b. Average monthly cash flow:

Income (list sources and amounts)

Total Income: _____

Expenses (list types and amounts)

Rent/Mortgage _____

Other Housing (taxes, etc.) _____

Transportation _____

Food and Clothing _____

Entertainment _____

Credit Card/Debt Payments _____

Child Care _____

Total Expenses: _____

Monthly Cash Flow (income minus expenses):

\$ _____ per month

c. Net Worth

Assets

Real Estate Value _____

Investments _____

Bank Accounts _____

Other _____

Total _____

Liabilities

Mortgage _____

Credit Card Debt _____

Other Debt/Liabilities _____

Total _____

Total Net Worth (total assets minus total liabilities):

\$ _____

5. Other: Please use the space below to supply any pertinent information not covered above. Attach additional pages if necessary.

I certify that the information in this application is correct and complete. I have attached copies of my two most recent federal income tax returns.

Printed Name

Signature

Date