

Shenandoah Valley Academy

Application For Student Aid 2016 -2017

Student's Name: _____ Grade: _____ Dorm _____ Community _____

Please provide the following information regarding the person financially responsible for this Student's account at SVA:

Name(s): _____ Cell Phone () _____

Relationship to student: _____ Social Security # _____

Address: _____ City: _____ State: _____ Zip _____

Employer: _____ Work Phone () _____

E-mail address: _____ Home Phone () _____

PLEASE ATTACH A COPY OF THE FIRST TWO PAGES OF THE 2015 IRS 1040 INCOME TAX RETURN TO THIS APPLICATION. IF THE 2015 FEDERAL TAXES HAVE NOT BEEN FILED, PLEASE ATTACH COPIES OF YOUR W-2 FORMS, 1099 TAX FORMS, AND DOCUMENTS LISTING INCOME FOR 2015. THIS APPLICATION FOR STUDENT AID CANNOT BE PROCESSED UNTIL THESE ITEMS HAVE BEEN RECEIVED.

Please list all adults and dependent children living in the same household of person financially responsible for this account:

<u>Name</u>	<u>Relationship to student</u>	<u>Grade</u>	<u>School Attending</u>	<u>Yearly tuition</u>
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What is the total amount of the Household's gross income for 2015? \$ _____

Do you receive other financial support not included on the IRS Form 1040? _____

If so, how much from welfare payments? _____ Social security payments? _____

Food stamps? _____ Child Support? _____

Other sources of financial support _____

What is the **most** that you can pay on this account each month from all sources? \$ _____

Please enclose any statement you wish to provide to the Committee regarding special circumstances or hardships in this household that should be considered in determining the Student Aid for this student.

Signature of person responsible for this account

Date