

**Financial Assistance Form
2023-2024 School Year**

*Please read and adhere to all of the following guidelines.
Failure to do so will result in the denial of your financial aid request.*

Application must be filled out in its entirety. Applications that are not complete will not be considered for financial assistance. They will be returned to the applicant for completion and processed after all other applications. In order for your application to be processed, you should not leave any responses blank on the application form. Applications with missing information WILL NOT BE PROCESSED.

All applications must be accompanied by a 2022 Federal tax return. If parents file separately, then a copy of both tax returns is required. Any applications that are submitted without a tax return will be denied. **YOU MUST INCLUDE THE FRONT AND BACK OF THE FIRST PAGE OF YOUR FEDERAL TAX RETURN DOCUMENT.**

Other Newton programs sometimes make scholarship funds available and applicants must also apply for assistance from those programs in order to qualify for CASP financial aid. Please contact us to see what funds are available at this time. Even if you have qualified for CASP financial aid in the past, you must re-apply to both CASP and other available funding sources for the 2023-2024 year.

Applications **MUST** be returned by 6 pm on May 8 (grades K – 5). Late applications will be considered only after all on-time applications have been reviewed.

Keep a copy of this completed application for your records.

Part 1: Children Applying to CASP

<u>Student #1:</u>			Grade
Last Name: _____	First Name: _____	Gender: _____	Age: _____

<u>Student #2:</u>			Grade
Last Name: _____	First Name: _____	Gender: _____	Age: _____

<u>Student #3:</u>			Grade
Last Name: _____	First Name: _____	Gender: _____	Age: _____

Part 2a: Name of Parent 1 or Guardian (Primary Applicant)

Last Name _____ First Name _____

Telephone Number _____ Cell Phone Number _____

Address, City, Zip _____

(Area Code) Work Phone _____ E-mail address _____

Occupation _____ Employer _____

Relationship to student(s) listed in Part 1: _____

Part 2b: Name of Parent 2 or Guardian

Last Name _____ First Name _____

Telephone Number _____ Cell Phone Number _____

Address, City, Zip _____

(Area Code) Work Phone _____ E-mail address _____

Occupation _____ Employer _____

Relationship to student(s) listed in Part 1: _____

Part 3:**Parent marital status:** _____ Married/Living together _____ Separated/Divorced _____ Widowed**Part 4: Dependents (DO NOT LEAVE BLANK) Please provide information for all dependent children**

Name	Age	Living with Primary Applicant	Name of School Age Child Care Program, Private Sch. Or College	Admitted into K/1, 2/3, 4/5 Programs	Total Cost for the Year	% You Can Pay	Name of Program for next year	Total Cost for Year	% You Can Pay
		y n							
		y n							
		y n							
		y n							
		y n							

Part 5: Taxable Income (Must be completed)

1. Total number of exemptions claimed on Federal Income Tax form

2. Parents'/Guardian's total taxable income from W-2 wages (List total income for primary applicant only, if divorced, separated or single):

3. Other parent/Guardian total taxable income from W-2 wages if divorced or separated:

4. Net business income* from self-employment, rentals, and other businesses (Attach Schedule C, E, and/or F from your IRS 1040):

5. Other non-work taxable income from interest, dividends, alimony, unemployment, and nonbusiness income:

6. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A or 1040EZ:

Estimate 2023**Actual 2022**

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Part 6: Non-Taxable Income (Must be completed)

List the total amount received from 1/1/22 -12/31/22 for recipients in household.

1. Child support \$_____ per year
2. Social Security income (Provide documentation for all recipients in household.) \$_____ per year
3. Housing Assistance (Sec. 8, HUD, etc.) \$_____ per year
 - a. Religious Housing Assistance (parsonage, manse, etc.) \$_____ per year
4. Other non-taxable income (Workers' Comp., Disability, Pension/Retirement, etc.)
Identify sources: _____ \$_____ per year
_____ \$_____ per year
5. Loans/Gifts from friends or relatives \$_____ per year
6. **Total non-taxable income for 2022** \$_____

Part 7: Housing (Must be completed)

1. Do you rent or own your residence? ☐ Rent ☐ Own
2. If renting, what is the monthly rental payment? \$_____
 - a. Amount paid by household \$_____ per month
 - b. Amount paid by other source(s) \$_____ per month
3. If you own your residence:
 - a. What is the monthly mortgage payment? \$_____ per month
 - b. Year home was purchased? _____

Part 8: Assets (Must be completed)

Asset (exclude retirement savings and accounts)	Value
Home (if owned)	
Bank accounts	
Investments	
Other assets	

Part 9: Debt (Must be completed)

Debt	Amount
Mortgage (if applicable)	
Student loans	
Other debts	

Part 10: Other Information (Must be completed)

Check all that apply to your current situation and provide explanation below:

- | | | | |
|-----------------------------------|-------|-------------------------------|-------|
| a. Loss of job | _____ | h. Recent death in the family | _____ |
| b. Recent separation/divorce | _____ | i. Shared custody | _____ |
| c. Change in family living status | _____ | j. High debt | _____ |
| d. Change in work status | _____ | k. Child support reduction | _____ |
| e. Bankruptcy | _____ | l. Medical/Dental expenses | _____ |
| f. Income reduction | _____ | m. Shared tuition | _____ |
| g. Illness or injury | _____ | n. Other (Explain) | _____ |
| | _____ | | |

Explanation of any of the above:

This application form must be filled out in its entirety, all tax return information attached, and must be signed and dated below by the Parents or Guardians listed above.

Sign here:

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge.

Parent/Guardian

Date

Parent/Guardian

Date