

# Cortona Academy

## Financial Aid Application

13505 Dulles Technology Dr, Suite 3, Herndon, VA 20171  
703.464.0034      877.851.2010      301.215.7788

Date: \_\_\_\_\_ For School year: \_\_\_\_\_

### STUDENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Tel. # : \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

#### PARENT/GUARDIAN #1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address (if different): \_\_\_\_\_ Home Tel. # : \_\_\_\_\_  
\_\_\_\_\_

Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you (circle one): US Citizen    Permanent Resident Alien    Other

Employer Name/address: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

How long: \_\_\_\_\_

Gross Annual Salary: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

#### PARENT/GUARDIAN #2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address (if different): \_\_\_\_\_ Home Tel. # : \_\_\_\_\_  
\_\_\_\_\_

Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you (circle one): US Citizen    Permanent Resident Alien    Other

Employer Name/address: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_ How long: \_\_\_\_\_

\_\_\_\_\_ Gross Annual Salary: \_\_\_\_\_

**FINANCIAL INFORMATION:** *Please attach a most recent Federal Income Tax Return. (You may combine figures for parents filing joint U.S Tax Returns/ otherwise use separate schedules for each parent/guardian)*

- Number of children in Private School / College: \_\_\_\_\_
- Total number of exemptions claimed on Tax Return: \_\_\_\_\_

1. Adjusted Gross Income (IRS Form 1040-line 37): \_\_\_\_\_

2. Total Federal Income Tax Paid(1040-line 61): \_\_\_\_\_

3. Total FICA Taxes Paid (W-2/1099): \_\_\_\_\_

4. State Income Tax Paid: \_\_\_\_\_

5. Current Savings and checking account balances: \_\_\_\_\_

6. Net worth of retirement investments: \_\_\_\_\_

7. Net worth of non-retirement investments: \_\_\_\_\_

8. Investment property: \_\_\_\_\_

(separate from the primary residence)

9. Net worth of businesses that are owned: \_\_\_\_\_

10. Child support / alimony received: \_\_\_\_\_

11. Child support / alimony paid: \_\_\_\_\_

12. Pension benefits received: \_\_\_\_\_

13. Social Security benefits received: \_\_\_\_\_

By signing this application for Financial Assistance, I (we) certify that the information provided is accurate and I (we) agree, if asked to provide more detailed information that will verify the accuracy of this completed form. This information may include US or state income tax forms that you filed or require filing.

Signatures of Parents/ Guardians (must be over 18):

Parent / Guardian #1: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian #2: \_\_\_\_\_

Date: \_\_\_\_\_