

Cortona Academy

Financial Aid Application

13505 Dulles Technology Dr, Suite 3, Herndon, VA 20171

VA: 703-464-0034

MD: 301-215-7788

Fax: 1-703-880-7259

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: _____