

# **STRATFORD FOUNDATION**

d/b/a Commonwealth Learning Center

220 Reservoir Street, Suite 6

Needham, MA 02494

Financial Aid Office

(781) 444-5193, ext 11

## **FINANCIAL AID APPLICATION**

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

STUDENT'S FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CUSTODIAL PARENT'S FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

SPOUSE FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE #: HOME ( ) \_\_\_\_ - \_\_\_\_ WORK ( ) \_\_\_\_ - \_\_\_\_ CELL ( ) \_\_\_\_ - \_\_\_\_

### **PARENTS' CURRENT MARITAL STATUS: (PLEASE CHECK ONE)**

SINGLE ☐

SEPARATED ☐

WIDOWED ☐

MARRIED ☐

DIVORCED ☐

COMMONWEALTH LEARNING CENTER ADMITS STUDENTS OF ANY RACE, RELIGION, NATIONAL OR ETHNIC ORIGIN AND PROVIDES FINANCIAL AID TO  
THOSE WHO QUALIFY, WITHOUT REGARD TO RACE, RELIGION, NATIONAL OR ETHNIC ORIGIN.

PLEASE LIST ALL FAMILY MEMBERS WHO LIVE AT HOME AND/OR ARE CLAIMED AS DEPENDENTS ON THEIR PARENTS INCOME TAX FORM:

PARENTS SHOULD INCLUDE THEMSELVES IF CURRENTLY ATTENDING SCHOOL

	Full name of family member	Age	Relationship	During the past school year, attends college or private school for at least one term		Name of school or college this person attends	Grade in school
				Full-time	Part time		
1				<input type="checkbox"/>			<input type="checkbox"/>
2				<input type="checkbox"/>			<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>			<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>

LEAVE NO PART OF THE FOLLOWING SECTIONS ON THIS FORM BLANK. IF A QUESTION DOES *NOT* APPLY TO YOU, WRITE N/A OR 0. PLEASE CALL WITH ANY QUESTIONS.

PLEASE NOTE THAT ANY DOCUMENTATION PRESENTED TO THE COMMONWEALTH LEARNING CENTER FINANCIAL AID OFFICE BECOMES THE PROPERTY OF THE CENTER.

**NOTE:** ALL FINANCIAL RECORDS WITH IDENTIFYING PERSONAL INFORMATION WILL BE DESTROYED AFTER REVIEW BY THE FINANCIAL AID OFFICE AND A DECISION HAS BEEN MADE ON THE APPLICATION. PLEASE DO NOT SEND ORIGINALS.

## STUDENT TAX INFORMATION

**STUDENT:** CHECK THE STATEMENT WHICH IS MOST ACCURATE

\_\_\_\_\_ STUDENT **HAS** FILED A CURRENT YEAR FEDERAL INCOME TAX RETURN WITH IRS (ENCLOSE A SIGNED PHOTOCOPY OF THE RETURN WITH ALL SCHEDULES AND W-2 FORMS)

\_\_\_\_\_ STUDENT **WILL** FILE A CURRENT YEAR FEDERAL INCOME TAX RETURN WITH THE IRS

\_\_\_\_\_ NOT APPLICABLE (STUDENT IS A DEPENDENT CHILD)

## PARENT TAX INFORMATION

### PARENT(S): CHECK THE APPROPRIATE STATEMENTS

\_\_\_\_\_ I/WE HAVE FILED/WILL FILE A CURRENT YEAR FEDERAL INCOME TAX RETURN

\_\_\_\_\_ I/WE WILL NOT FILE A CURRENT YEAR FEDERAL INCOME TAX RETURN  
(YOU WILL BE REQUIRED TO SIGN AN AFFIDAVIT INDICATING THAT YOU WERE NOT REQUIRED TO FILE)

\_\_\_\_\_ OTHER: \_\_\_\_\_

\_\_\_\_\_

**PARENT(S):** DETAIL HOW MUCH MONEY YOU RECEIVED IN THE TAX YEAR FROM EACH OF THE CATEGORIES BELOW AND **PROVIDE APPROPRIATE DOCUMENTATION, WHICH CAPTURES THE DATE RANGE WHEN THE INCOME WAS RECEIVED.**

<u>TYPE OF INCOME</u>	<u>AMOUNT RECEIVED</u>	<u>FREQUENCY</u>
AFDC/GENERAL RELIEF (Including food stamps - SNAP)	_____	_____
SOCIAL SECURITY* (Both Parent and CLC student)	_____	_____
CHILD SUPPORT	_____	_____
ALIMONY	_____	_____
UNTAXED PENSION	_____	_____
401K DEDUCTION	_____	_____
V.A. BENEFITS	_____	_____
UNEMPLOYMENT INSURANCE	_____	_____
OTHER UNTAXED INCOME (For example: tax-free interest and dividends)	_____	_____

\*social security income only not social security numbers

**REMEMBER, LEAVE NO PART OF THIS FORM BLANK. IF A QUESTION DOES NOT APPLY TO YOU - EITHER WRITE N/A OR 0 (ZERO)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STUDENT'S SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE
PARENT'S SIGNATURE	DATE	OTHER PARENT'S SIGNATURE	DATE

*(If student is supported in part or whole by parents)*

## CHECKLIST

### BEFORE MAILING,

DID YOU (PLEASE CHECK BOXES):

- ☐ Include a **SIGNED** photocopy of 1040/1040A tax forms and ***all schedules and forms*** required by the Internal Revenue Service. Please redact all personal identifiers like social security numbers, birthdates, and banking information.

**ALL PAGES OF YOUR TAX FORM MUST BE INCLUDED. FEDERAL FORMS MUST BE SIGNED BY THE APPLICANT EVEN IF PREVIOUSLY SIGNED BY THE TAX RETURN PREPARER. SEND ONLY YOUR FEDERAL RETURN.**

- ☐ INCLUDE A COPY OF ALL APPLICABLE W-2 FORMS?  
**ALL W-2 FORMS MUST BE INCLUDED.**

- ☐ FILL IN ALL THE INFORMATION ON THE FORM, LEAVING NO BLANKS.

- ☐ INCLUDE INCOME & EXPENSE WORKSHEET AS WELL AS ANY APPLICABLE NOTARIZED AFFIDAVITS.

ANY MISSING INFORMATION OR TAX FORMS (INCLUDING SIGNITURES ON TAX FORMS) WILL RESULT IN A DELAY IN RESPONSE TIME.

NOTE: PLEASE SUBMIT YOUR APPLICATION AND ATTACHMENTS TO THE DIRECTOR OF THE CENTER YOU PLAN TO ATTEND FOR REVIEW PRIOR TO YOUR APPLICATION BEING FORWARDED TO STRATFORD FOUNDATION FOR A DECISION.

THANK YOU,

STRATFORD FOUNDATION AND ITS  
COMMONWEALTH LEARNING CENTERS