



Philadelphia Yearly Meeting

Quaker Education Granting Group
Post-Secondary Grants
FINANCIAL FORM

APPLICANT INFORMATION

We ask for this so that we can match the Financial Form to your application form, if they are sent separately.

Name of Applicant: _____

Applicant: Date of birth: _____

Date you filled out this form _____

To be filled out by the Applicant and/or the Person(s) financially responsible for the Applicant.

Please check (✓) one:

- Applicant is a financial dependent of his or her parent(s) or guardian(s).
- Applicant is financially responsible for herself or himself.

These questions should be answered on behalf of the households of the Applicant.

1. Name of person(s) with responsibility for paying tuition and other school bills:

2. Parent(s)/Guardian(s) in Household

Occupation(s): _____

Employer(s): _____

Phone number(s) or email: _____

6. Expenses Overview (calendar year)

	Last Year	Current Year	<u>Next Year</u>
Other child care expenses			
Annual rent or mortgage			
Medical/dental expenses not covered by insurance			
Other extraordinary expenses			

7. Income Overview (calendar year)

	Last Year	Current Year	Next Year
Salary before taxes – Applicant			
Salary before taxes – <u>Parent/Guardian I</u>			
Salary before taxes – Parent/Guardian II			
Untaxed child support			
Other income -- explain below			

8. Describe any income, money, or other assets held for or in Applicant's name.

9. Describe financial support Applicant receives from relatives, if any.

10. Use this space to explain any exceptional circumstances not reflected in the information above, or other information that you feel the Post-Secondary Education Granting Group should know for this application.

Signature of person completing this worksheet

Date

Relationship to Applicant