

## 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 ( <b>√</b> ) 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:

APPLICANT							
		1					
5. Dependents' sch requesting a grant		r <u>comin</u> g	g school ye	ar (estimat	ed): <b>(This</b>	is the year	you're
NAME & Relationship to Applicant	Name of school	Grade / year in college	Annual cost of schooling	Amount paid by parent or guardian	Amount received in grant aid	Amount received in loan aid	Amount received from other
APPLICANT							sources
		1					
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(Respond to Question 3 only if separate Households are financially involved.)

Grade

/ year

college

in

Annual

schooling

of

cost

Amount

paid by

parent or

guardian

Amount

received

in grant

aid

Amount

received

in loan

aid

Amount

received

from

other

sources

Occupation(s):

4. Dependents' school expenses for current school year:

Name of school

Employer(s):\_\_\_\_\_

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

Phone numbers or email:

NAME & Relationship

to Applicant

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			
САРСПЭСЭ			

7. Income Overview (calendar year)

Salary before taxes –	Last Year	Current Year	Next Year
Applicant			
Salary before taxes –			
Parent/Guardian I			
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
Mary Jeanes & Anne Townsend Grants Application Form revised January 2023