



# CAMINO de PAZ SCHOOL & FARM

*Education for the Mind, Hands & Heart*

## FINANCIAL AID APPLICATION

**To All Financial Aid Applicants:**

*Please complete the following forms to the best of your ability and attach the requested documentation.*

*The deadline for financial aid applications is **March 1** of the year you wish to enroll your child . You will be notified of the amount of financial aid awarded by **May 31**.*

*It is important for you to know that this information is held in the strictest confidence and will be seen only by the Camino de Paz School Education Director. The Financial Aid Committee receives this information with numbers assigned to each applicant, rather than names, to protect your anonymity. They are then responsible for distributing the available amount of financial aid among the applicants according to need.*

*If you have any questions regarding this application, please do not hesitate to call and let us know.*

*Sincerely,*

*Patricia Pantano, Education Director*

Name of Student \_\_\_\_\_ Entering Grade \_\_\_\_\_

New Enrollment

Re-enrollment



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## I. PARENTS, DEPENDENTS AND OTHER HOUSEHOLD INFORMATION

### PARENT(S) OR GUARDIAN RESPONSIBLE FOR TUITION

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer: \_\_\_\_\_ Years at Firm \_\_\_\_\_

I am the student's \_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Grandparent

Marital Status \_\_\_ married \_\_\_ divorced \_\_\_ single \_\_\_ widowed \_\_\_ separated

**If divorced or separated:**

Name of other parent not residing in same household:

\_\_\_\_\_

Address \_\_\_\_\_

Do you receive or pay child support?

\_\_\_ Receive \_\_\_ Pay \_\_\_\_\_ Amount \_\_\_\_\_/month

Who claimed the student as a tax dependent in the last tax year? \_\_\_\_\_

### OTHER PARENT, GUARDIAN OR ADULT LIVING IN STUDENT'S HOUSEHOLD:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

What, if any, monies does this adult contribute to the household finances? \$ \_\_\_\_\_/month

### DEPENDENTS IN CURRENT HOUSEHOLD

Number of individuals who reside in your household: Parents \_\_\_\_\_ Children \_\_\_\_\_ Other

\_\_\_\_\_\*

\*Please explain relationship to Parents:



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Please complete this table for all school age children or dependent college students residing in your household:

| Name | Age | Relationship to Parent | School Attending | Annual Tuition |
|------|-----|------------------------|------------------|----------------|
|      |     |                        |                  |                |
|      |     |                        |                  |                |
|      |     |                        |                  |                |
|      |     |                        |                  |                |

## II. APPLICANT'S INCOME SURVEY: TAXABLE INCOME

|   | ACTUAL LAST YEAR | ESTIMATE THIS YEAR |
|---|------------------|--------------------|
| <i>Total number exemptions claimed on income tax form</i>   |                  |                    |
| <i>Parent/Guardian A total taxable income from W-2 wages</i>  |                  |                    |
| <i>Parent/Guardian B total taxable income from W-2 wages</i>  |                  |                    |
| <i>Net business income from self-employment, farm, rentals, other</i>                                       |                  |                    |
| <i>Other non-work taxable income from interest, dividends, alimony, Unemployment or non-business income</i> |                  |                    |
| <i>Total "Adjusted Gross Income" reported on IRS 1040</i>   |                  |                    |
| <i>Total tax paid as reported on IRS 1040</i>   |                  |                    |

**NON-TAXABLE INCOME:** *Please list ANNUAL amounts*

**AMOUNT PER YEAR**

|  |  |
|--|--|
| Child support  |  |
| Food stamps  |  |
| Social Security Income                                     |  |
| Housing Assistance   |  |
| Other (Workers Comp, Disability, Pension/Retirement, etc.) |  |
| Total non-taxable income                                   |  |

P. O. Box 669 Santa Cruz, NM 87567 505-747-9717 [www.caminodepaz.net](http://www.caminodepaz.net)

*Camino de Paz is a non-profit 501c(3) corporation; tax ID #043762309*



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### III. HOUSING INFORMATION

1. Do you rent or own your own home? \_\_\_\_\_
2. A. If renting, what is monthly payment? \_\_\_\_\_  
B. If home owner, what is the monthly mortgage payment? \_\_\_\_\_

### IV. UNUSUAL CIRCUMSTANCES: Check all that apply to your situation in the past 12 months.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> loss of job         | <input type="checkbox"/> recent divorce          | <input type="checkbox"/> bankruptcy     |
| <input type="checkbox"/> college expenses    | <input type="checkbox"/> child support reduction | <input type="checkbox"/> illness        |
| <input type="checkbox"/> income reduction    | <input type="checkbox"/> medical expenses        | <input type="checkbox"/> change in work |
| <input type="checkbox"/> change of residence | <input type="checkbox"/> Other (explain below)   |   |

What do you feel you can reasonably afford per month for tuition payments? \$ \_\_\_\_\_

### EXPLANATIONS OR OTHER PERTINENT INFORMATION for FINANCIAL AID CONSIDERATION:

Please attach a copy of your IRS 2010 IRS FORM 1040, 1040A OR 1040EZ. If you have not yet filed for the previous calendar year, please attach a copy of your most recent filing. If you receive only NON-TAXABLE INCOME, please attach copies of your most recent year end Social Services statement (TANF, etc), Food Stamp documentation, Housing Assistance documentation, and Social Security income statements showing total amount received in the past calendar year for ALL members of the household.

**YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL PAGES ARE COMPLETE AND THE IRS FORMS OR OTHER REQUESTED FORMS ARE ATTACHED.**

*I/We declare that all information in this form is true, correct and complete to the best of our knowledge*

\_\_\_\_\_  
*Parent/Guardian A*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian B*

\_\_\_\_\_  
*Date*