

Student Name: \_\_\_\_\_

## A) PARENT OR GUARDIAN

List parent or guardian residing with dependents listed in section E

Circle Father Mother Stepfather Stepmother Other

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Social Security Number Age ( ) Home Phone  
(area code)

\_\_\_\_\_  
Address State Zip

\_\_\_\_\_  
Occupation/Title/Rank ( ) Work Phone  
(area Code)

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Employed by Date of Hire

Self-employed (complete Section E)

May Manhattan Youth Ballet contact you at work if there are questions? \_\_\_ Yes \_\_\_ No

## B) FAMILY INFORMATION

1. Number of family members who will reside in my/our household during the 2010-2011 school year:

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

2. Current Marital Status of Parent in Section A (Check one)

- a. \_\_\_ Single d. \_\_\_\_\_ Divorced g. \_\_\_ Other  
b. \_\_\_ Married e. \_\_\_\_\_ Divorced/remarried (explain in section D)  
c. \_\_\_ Widowed f. \_\_\_\_\_ Separated (month/yr \_\_\_\_\_)\*

\*Complete Section C

## C) DIVORCED OR SEPARATED PARENTS

\*List non custodial parent information below

1. Date of divorce or separation (Month/Year) \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Last name First name MI

3. Do you receive child support \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Total amount of child support received in 2009 by custodial parent listed in Section A \$ \_\_\_\_\_

5. According to court order, when will child support end? (Month/year) \$ \_\_\_\_\_

6. Total amount of child support paid in 2009 by custodial parent listed in Section A \$ \_\_\_\_\_

7. Is there any agreement specifying a contribution for student's education?  
If YES how much per year? \$ \_\_\_\_\_

8. Who claimed student as a tax dependent in 2009?  
\_\_\_\_\_

9. Do special circumstances exist \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, complete Section D

**D) EXPLAIN UNUSUAL CIRCUMSTANCES HERE** ( Use an additional sheet if necessary )

**E) BUSINESS INCOME** (Attach Schedule C and/or Schedule E) See Instructions

Please answer the following questions if you own a business, farm, S Corp or partnership:

	<b>Actual 2009</b>	<b>Estimated 2010</b>
1 What is your gross business income?	\$ _____	\$ _____
2 What is your net business profit?	\$ _____	\$ _____
3 What is your annual salary or draw?	\$ _____	\$ _____
4 If your business pays your home rent or mortgage, what is the annual total?	\$ _____	\$ _____
5 If your business pays for your personal automobile, what is the annual total?	\$ _____	\$ _____
6 Monies expended for personal insurance	\$ _____	\$ _____
7 Pension/Retirement contributions	\$ _____	\$ _____
8 Other company paid personal expenses	\$ _____	\$ _____

## F) DEPENDENTS

Please list all dependents in order of oldest to youngest, including college students.

How many dependent children will attend a tuition charging school, Pre-K, elementary school, secondary school or college in the fall 2010

	Dependent last name	Dependent first name	Age	Grade in the fall of 2010	Name of school in 2010 applying for aid?		Amount I/we feel I/we can pay per year toward tuition
					City/State	YES NO	
1							
2							
3							
4							
5							

Please check if additional dependents are listed on a separated sheet

## G) PARENTS' TAXABLE INCOME

	Actual 2009	Estimate 2010
1) Total number of exemptions claimed on federal income Tax form.	_____	_____
2) Father/Stepfather/Male Guardian total taxable income from wages. <i>Attach all 2009 W-2 forms &amp;/or 1099 forms with this application.</i>	\$ _____	\$ _____
3) Mother/Stepmother/Female Guardian total taxable income from wages. <i>Attach all 2009 W-2 forms &amp;/or 1099 forms with this application.</i>	\$ _____	\$ _____
4) Net business income from self-employment, including from self-employment including farm, rentals, and other business. <i>Attach schedule C, E and F with this application if applicable.</i>	\$ _____	\$ _____
5) Other non-work taxable income from interest, dividends, annuity unemployment and non business income.	\$ _____	\$ _____
6) Allowable "Adjusted gross income".	\$ _____	\$ _____
7) Total "Adjusted gross income". <i>Attach all pages of your IRS form 1040 with this application.</i>	\$ _____	\$ _____
8) Total tax.	\$ _____	\$ _____
9) Medical/dental expenses. <i>(Not paid by insurance on Schedule A).</i>	\$ _____	\$ _____

## H) NON-TAXABLE INCOME RECEIVED IN 2009

List the yearly total received for all in your household of 2009, not monthly amount.

10) Child support.	\$ _____	Per year
11) Welfare (AFDC/ADC).	\$ _____	Per year
12) Food Stamps.	\$ _____	Per year
13) Social Security/SSI.	\$ _____	Per year
14) Other non-taxable income (see instructions).	\$ _____	Per year
15) Total non-taxable income 2009.	\$ _____	TOTAL

\* You must provide documentation of welfare, food stamps and social security.

## I) HOUSING INFORMATION (DO NOT LEAVE BLANK)

16) Do you rent or own your residence? \_\_\_\_\_ Rent \_\_\_\_\_ Own (go to line 18)

- 17) If renting, what is your monthly rental payment? \$ \_\_\_\_\_
- 18) If you own your residence:
- a. What was the year of purchase? \$ \_\_\_\_\_
- b. How much did it cost? \$ \_\_\_\_\_
- c. What is worth today? \$ \_\_\_\_\_
- d. How much is still owed? \$ \_\_\_\_\_
- e. What is your mortgage? \$ \_\_\_\_\_

## J) ASSETS & INVESTMENTS

- 19) Total amount in cash, checking, and savings accounts. \$ \_\_\_\_\_
- 20) Total value of money market funds, mutual funds, stocks, bonds, or other security. \$ \_\_\_\_\_
- 21) Total value of IRA, Keogh, CD's, 401K, SEP. \$ \_\_\_\_\_
- 22) If you own investment real estate (not your primary residence)  
**Attach schedule E with this application**
- a. What was the original cost? \$ \_\_\_\_\_
- b. What is the current market value? \$ \_\_\_\_\_
- c. What is the amount still owed? \$ \_\_\_\_\_
- 23) Do you own a business or a farm? \_\_\_\_\_ YES\* \_\_\_\_\_ NO
- a. What is the value of your business or farm? \$ \_\_\_\_\_
- b. What is the amount you still owe? \$ \_\_\_\_\_
- \* if you answer is YES, Please complete Section L, **Business income**

## K) PARENTS' CERTIFICATION, AUTHORIZATION, AND DOCUMENTATION CHECKLIST

I/We have enclosed the following documentation and payment and understand that if these items are not enclosed, our application **will not be processed**

CHECKLIST	DOCUMENTATION REQUIRED
<input type="checkbox"/> I/we have filed my/our 2009 IRS form 1040 and have enclosed:	A complete photocopy of your 2010 IRS form 1040, 1040A, or 1040EZ( including all schedules) 10d photocopies of all 2009 W2 and/or 1099 forms from all employers for any wage earning parents.
<input type="checkbox"/> I/we have not filed my/our 2009 IRS form 1040 and have enclosed	A complete photocopy of your 2009 IRS form 1040, 1040A or 1040EZ and photocopies of all 2010 W2 forms and/or 1099 forms from all employers for any wage earning parent
<input type="checkbox"/> I/we do not file an IRS form 1040 and receive only non-taxable income	Photocopies of your social services Grant Letter and/or photocopies of your Food Stamps Grant Letter and/or photocopies of your Social Security benefits Statements for all members of household
<input type="checkbox"/> I/we have enclosed a \$30.00 non refundable processing fee.	

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

Parent or Guardian \_\_\_\_\_ Date Completed \_\_\_\_\_