

NAPS | REQUEST FOR FINANCIAL ASSISTANCE

Please complete this form and provide copies of your two most recent federal income tax returns in order to be considered for financial aid for the upcoming academic year. In order for the application to be considered, it must be complete and include all required forms. A new form must be submitted each year; financial aid is on a yearly basis.

1. FINANCIAL ASSISTANCE DESIRED:

How many children are you applying for:

Total assistance requested:

NOTE: Financial aid is not available for extended-care fees.

2. PARENTS' INFORMATION:

MOTHER'S Name:

Employer:

Job Title:

Military Rank / Rate / Civil Service Grade:

Reserve Affiliation (if applicable):

Unit:

Position:

Type: SELRES (paid drills) Inactive Ready Reserve Recall to Active Duty

FATHER'S Name:

Employer:

Job Title:

Military Rank / Rate / Civil Service Grade:

Reserve Affiliation (if applicable):

Unit:

Position:

Type: SELRES (paid drills) Inactive Ready Reserve Recall to Active Duty

3. OTHER FAMILY INFORMATION:

Names of children currently attending NAPS:

Other siblings not enrolled at NAPS:

Name:	Age:	School:	Annual Tuition/Fees:
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Name:	Age:	School:	Annual Tuition/Fees:
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Name:	Age:	School:	Annual Tuition/Fees:
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4. FINANCIAL INFORMATION:

Please provide financial data for your household in this section. If parents are divorced, list only the custodial parent's information. If the custodial parent has remarried, the stepparent's data should be included in the household data.

a. Do you receive any financial assistance from relatives or other outside sources toward your NAPS expenses?

NO YES

If yes, please include this assistance as income when completing this form.

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4. FINANCIAL INFORMATION (continued):

b. Average monthly cash flow:

INCOME (list sources and amounts)

AVERAGE MONTHLY EXPENSES (list types and amounts)

Rent/Mortgage

Other Housing (taxes, etc.)

Transportation

Food and Clothing

Entertainment

Credit Card/Debt Payments

Child Care

Other Expenses

Total Income:

Total Expenses:

Monthly Cash Flow (income minus expenses): \$

per month

c. Net Assests:

ASSETS

Real Estate Value

Investments

Bank Accounts

Other

Total

LIABILITIES

Mortgage

Credit Card Debt

Other Debt/Liabilities

Total

Total Net Worth (total assets minus total liabilities): \$

3. OTHER FAMILY INFORMATION: Please use the space below to share any pertinent information not covered above. Attach additional pages if necessary.

I certify that the information in this application is correct and complete. I have attached copies of my two most recent federal income tax returns.

Printed Name

Signature

Date