



Landmark College

Financial Aid Application

Summer High School – College Transition Programs – Visiting College Students

Putney, Vermont 05346

Phone (802) 387-6718

FAX (802) 387-6868

(Please Print)

Student Information

Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Social Security # _____

What session are you applying for? HS Session College Transition Visiting College Students

Family Information

Father's name _____ Age _____ Check if deceased

Work phone (_____) _____ Email address _____

Mother's name _____ Age _____ Check if deceased

Work phone (_____) _____ Email address _____

Are your parents separated or divorced? No Yes Date of separation/divorce _____ / _____

Custodial Parent Information

Have parents complete the questions which apply to them.

father step-father guardian other

mother step-mother guardian other

Name _____

Name _____

Occupation/Employer _____

Occupation/Employer _____

Position _____

Position _____

Years with current employer _____

Years with current employer _____

Does either parent receive a housing or living allowance as a job benefit? Yes No Value \$ _____

Does the family hold an interest in any farm or business? Yes No *If yes, complete the following:*

Is the farm or business the principle source of income? Yes No

Name of farm or business _____ % owned _____

Do you expect to receive assistance from any other source to help with the cost of the summer program?

Yes No If yes, please explain: _____

Parents' Income

Yearly Household Income (Before taxes, medical insurance, and other deductions) \$ _____

Additional Family Income and/or Assistance \$ _____

Parents' Assets and Debts

Please give details on your assets.

	<i>Current Value</i>	<i>Current Debt</i>
Cash, Savings, and Checking accounts	\$ _____	
Stocks, Bonds, CD's, and other securities	\$ _____	\$ _____
Money Market and Mutual funds	\$ _____	\$ _____
	Other Real Estate:	Business/Farm:
Date of Purchase	_____	_____
Purchase Price	\$ _____	\$ _____
Current Value	\$ _____	\$ _____
Current Debt	\$ _____	\$ _____

Is the parent beneficiary of a trust? Yes No Total value \$ _____

Student Assets

Please give details on your assets

Current Value

Cash, Savings, and Checking accounts \$ _____

Stocks, Bonds, and CD's \$ _____

Are you the beneficiary of any trust(s)? Yes No Total value \$ _____

Explanations/Special Circumstances

Use the space below to explain any special circumstances, unusual expenses such as high medical or dental expenses, or significant information that you feel is important for the Financial Aid Office to know.

Parent's Signature

Date