



SUMMER PROGRAM FINANCIAL AID APPLICATION (page 1 of 2)

**Student Information** (Please Print)

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home

phone (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Which program have you applied for?

- High School Summer Program       Transition to College Program  
 Summer Session for Visiting College Students       Preparing Students for College Success

**Family Information** (Please Print)

Parent/Guardian #1 Name \_\_\_\_\_ Age \_\_\_\_\_

Deceased?    yes    no

Work phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Age \_\_\_\_\_

Deceased?    yes    no

Work phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Separated or divorced?    yes    no    Date of separation/ \_\_\_\_\_ / \_\_\_\_\_

divorce

**Custodial Parent Information** (Please provide information as it pertains to you.)

biological parent     stepparent     guardian

other (explain: \_\_\_\_\_)

Name \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Position \_\_\_\_\_

Years with current employer \_\_\_\_\_

biological parent     stepparent     guardian

other (explain: \_\_\_\_\_)

Name \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Position \_\_\_\_\_

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: \_\_\_\_\_

**Parent(s)/Guardian(s) Income**

Yearly Gross Household Income *(before taxes, medical insurance, and other deductions)* \$ \_\_\_\_\_

Additional Family Income and/or Assistance \$ \_\_\_\_\_

**Parent(s)/Guardian(s) Assets and Debt**

*Current Value*

*Current Debt*

Cash, Savings, and Checking accounts Stocks, \$ \_\_\_\_\_ \$ \_\_\_\_\_

Bonds, CD's, and other securities Money \$ \_\_\_\_\_ \$ \_\_\_\_\_

Market and Mutual funds \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Primary Home:**

**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**

*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 or attach an additional page to explain any special circumstances, unusual expenses, or significant information that you feel is important for the Financial Aid Office to know.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Signature**

**Date**

Once completed, please return to the office either via mail, fax or email.

Landmark College, Financial Aid Office, 19 River Road South, Putney VT 05346

Fax: 802-387-6868 | Email: [Financialaid@landmark.edu](mailto:Financialaid@landmark.edu)