



# LANDMARK COLLEGE

## SUMMER and ONLINE 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

Summer College Readiness Program

Summer Bridge Experience

Online Dual Enrollment

### 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

With whom does the student primarily live? \_\_\_\_\_

Does anyone in the family pay child support? If yes, how much? \$ \_\_\_\_\_ Receive child support? \$ \_\_\_\_\_

How many people live in the student's household? \_\_\_\_\_ How many children are in college? \_\_\_\_\_

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

biological parent     stepparent     guardian

biological parent     stepparent     guardian

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

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

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 principal 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 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 Name

\_\_\_\_\_  
Date