



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 is the student applying for?

High School Summer Program Summer College Readiness Program Summer Bridge Experience

Family Information (Please Print)

Parent/Guardian #1 Name _____ Phone _____

Email address _____ Occupation _____

Parent/Guardian#2 Name _____ Phone _____

Email address _____ Occupation _____

Are parents 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(s)/Guardian(s) Financial Information

Does the custodial parent(s) hold an interest in any farm or business? yes no

If yes, is the farm or business the principle source of income for the family? yes no

What is the estimated annual net income of farm or business? \$ _____

What is the estimated annual gross household income from all sources (before taxes, medical insurance, and other deductions)? \$ _____

Is anyone in the household eligible for public assistance programs? Check all that apply

free/reduced lunch SNAP Social Security Disability other: _____

Does the student expect additional family financial assistance for this program? If so, how much? \$ _____

Is the student the beneficiary of a trust? yes no

Is the student expecting help from any third-party sources to pay for the summer program (scholarships, school district funding or vocational rehabilitation funding)? If so, how much? \$ _____

Additional Information/Special Circumstances

Use the space below or attach an additional page to briefly describe the student/household financial situation. You can use this to explain any special circumstances including unusual expenses, recent changes in income, or other significant information that you feel is important for the Financial Aid Office to have.

Parent Name

Date

Please return completed form to Financialaid@landmark.edu or
Landmark College, Financial Aid Office, 19 River Road South, Putney VT 05346