



SUMMER PROGRAM FINANCIAL AID APPLICATION (page 1 of 2)

High School Summer Program – Transition to College – Summer Session for Visiting College Students

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 Summer Session for Visiting College Students

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

	<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	\$ _____	\$ _____

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