

Millburn-Short Hills Scholastic Boosters

Financial Aid Application

Application **must** be received by June 30

Student Information:

Applicant's Name _____ Date of Birth _____

Address _____

Social Security # _____ Phone # _____

School attending in September _____

Accepted? _____ Year in School _____ Email _____

Family Information:

Names of Siblings

Age

Name of School or Occupation

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Marital Status: ___ married ___ separated ___ divorced ___ widowed ___ single

Father:

Name _____

Employer _____

Annual Income \$ _____

Phone Number _____

Email _____

Mother:

Name _____

Employer _____

Annual Income \$ _____

Phone Number _____

Email _____

Family Finances:

Annual real estate tax \$ _____ or Monthly rental \$ _____

Family Liabilities:

Mortgage balance \$ _____

Car Loans \$ _____

Credit Card Debt \$ _____

Other Loans/Debts \$ _____

Other (specify) \$ _____

Other (specify) \$ _____

Family Assets:

Retirement (IRA, Keogh) _____

Marketable Securities _____

Cash _____

Other Real Estate _____

Student's Finances:

Anticipated Needs for this school year:

Tuition \$ _____
Room & Board \$ _____
Fees \$ _____
Books \$ _____
Travel \$ _____
Other (specify) \$ _____

Expected Sources of Financing for this year:

Direct from the College (other than Stafford):

Scholarships \$ _____
Pell Grant \$ _____
Work Study \$ _____
Other Support \$ _____

Total \$ _____

Loans:

Stafford \$ _____
Perkins \$ _____
Charles T. King** \$ _____

***The Boosters looks most favorably on candidates who have secured an interest-free loan from the Charles T King Fund. For information, call 201-207-4822 or email info@charlestking.org*

Other loans (specify) \$ _____

Other Sources of Funding:

Parents / Family \$ _____
Parents Plus Loan \$ _____
Summer Employment \$ _____
Savings \$ _____
Other (specify) \$ _____

Total \$ _____

If there are any extraordinary circumstances please attach a separate sheet.

Incomplete or missing information will result in rejection of the application.

I certify that the foregoing statements are true to the best of my knowledge.

Student signature _____ Date _____

Parent signature _____ Date _____

- Please check this box to verify that a copy of the required Student Aid Report (SAR) is enclosed with this form in order to process this Millburn-Short Hills Scholastic Boosters Financial Aid Application.

► **Mail to: Millburn-Short Hills Scholastic Boosters, P.O. Box 42, Millburn NJ 07041**