

Financial Aid Application 2015/2016

Parent(s) Name(s)

Non-Custodial Parent(s)

(If Applicable)

Name(s) _____
Address _____
City _____ Zip _____
Home Phone (____) _____
Cell Phone (____) _____

Zip _____
(____) _____
(____) _____

Students(s) Attending or
Applying to Wise Schools

Grade in
Sept. 2015

Tuition Aid Request

1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____
4) _____	_____	\$ _____

Sibling(s) in another School

Grade in
Sept. 2015

Cost of
Tuition

Tuition Aid Request

1) _____	_____	\$ _____	\$ _____
2) _____	_____	\$ _____	\$ _____
3) _____	_____	\$ _____	\$ _____

Temple Dues Financial Aid Request:

Cost of Membership: \$ _____

Membership Aid Requested: \$ _____

Total Aid Requested

(For tuition and/or dues)

\$ _____

Estimate of Regular Monthly Expenses (Average annual expenses divided by 12 months)
(This must be filled in and totaled.)

- 1. Rent or Mortgage Payments: _____
 Own _____ Rent _____
(copy of last statement)
- 2. Property Taxes _____
(copy of last statement)
- 3. Property Insurance _____
- 4. Residence Maintenance
 - a. Repairs _____
 - b. Housekeeper _____
 - c. Gardener _____
 - d. Pool Service _____
- 5. Groceries _____
- 6. Household Supplies _____
- 7. Utilities _____
- 8. Telephone(s) _____
- 9. Entertainment _____
- 10. Vacation _____
- 11. Dining Out _____
- 12. Automobile expenses
 - a. Auto payments _____
(Copy of last statement)
 - b. Gas _____
 - c. Repairs _____
 - d. Insurance _____

- 13. Installments payments
 - a. Loans _____
 - b. Credit Cards _____
- 14. Medical/Dental
 - a. Insurance premium _____
 - b. Prescription drugs _____
 - c. Unreimbursed expenses _____
- 15. Insurance
 - a. Life _____
 - b. Disability _____
- 16. Child Care
 - a. Babysitter _____
 - b. Lessons _____
 - c. Allowance _____
 - d. Clubs _____
 - e. Summer Camp _____
- 13. School Tuition _____
- 14. Temple Dues _____
- 15. Extraordinary Expenses _____
- 16. Other _____

MONTHLY TOTAL: _____
(Must be totaled)

YEARLY TOTAL: _____
(Monthly total multiplied by 12)

Yearly Income:

- Father Salary/Net Wages(after taxes) _____
- Mother Salary/Net Wages (after taxes) _____
- Business Income _____
- Dividends/Interest _____
- Rentals (gross) _____
- Spousal Support _____
- Child Support _____
- Disability Income _____
- Unemployment Benefits _____
- Social Security _____
- Other: _____

Total Yearly Income: _____