

**NCCL School
FINANCIAL AID APPLICATION**

1. Number of children to attend NCCL in the 20__-20__ school year? _____
Children's names: _____
2. Number of adults in the family who are employed? _____
3. Combined gross income for all wage earners from Federal tax forms: _____
4. Number of exemptions on tax forms: _____
5. Value of assets other than main dwelling (house, boat, property, etc.): _____
6. Any other income (child support, investments, gifts, rentals, etc.): _____
7. Benefits carried by:

	Employer	Self	Other _____
Retirement	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
8. Explain any unusual expenses for the coming year (uncovered large medical, tuition other than NCCL, etc.).
9. Does the information on this form accurately represent your financial picture for the coming year? _____ If not, please explain. Use the back of the sheet if necessary.
10. Is there any other information of which the committee should be aware? (Do you share household expenses with someone not indicated in #3 above? Do you contribute to the support of someone not indicated in #4 above?) Use the back if necessary.
11. Enclose a copy of your most current 1040 and W2 tax forms.

Name: _____
Please print legibly.

Date: _____

Signature: _____