



THE MEDICAL CENTER NURSERY SCHOOL

Health Sciences Campus, Columbia University
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New York, New York 10032

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APPLICATION FOR FINANCIAL AID

Name of Child: _____

Name of Parent (s): _____

Address: _____
(Street) (Apt. #) (City, State, & Zip Code)

Telephone: _____

Occupation and employer of parent:

Occupation: _____

Employer: _____

Address: _____
(Street) (City, State, & Zip Code)

Occupation and employer of parent:

Occupation : _____

Employer: _____

Address: _____
(Street) (City, State, & Zip Code)

Other dependent children:

	Name	Age	Current School	Tuition	Amt. of Aid
1)	_____	_____	_____	\$ _____	\$ _____
2)	_____	_____	_____	\$ _____	\$ _____
3)	_____	_____	_____	\$ _____	\$ _____

Please list other individuals to whom you contribute support.

	Name	Relationship	Form of Support	Annual Amount
1)	_____	_____	_____	\$ _____
2)	_____	_____	_____	\$ _____
3)	_____	_____	_____	\$ _____

Total gross income for family (**two past calendar years and projected for next year**):

200___: Parent 1 \$ _____ Parent 2 \$ _____

200___: Parent 1 \$ _____ Parent 2 \$ _____

200___: Parent 1 \$ _____ Parent 2 \$ _____

Please list other sources of income (i.e., child support, financial assistance from other family members, etc.) and amounts:

Source	Annual Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list unusual assets (property, stocks, etc.):

Yearly income from these assets: \$ _____

Yearly rent or mortgage payment: \$ _____

Household help (such as child care providers, etc.) and annual cost:

Description	Annual Cost
_____	\$ _____
_____	\$ _____

Do you own a car? _____

For what purpose: _____

Annual maintenance cost: \$ _____

Annual payment for these debts: \$ _____

Please explain any other unusual arrangements or obligations which affect your financial situation and include amount.

Please explain any temporary circumstances bearing on this application (i.e., medical or dental expenses not covered by insurance, etc.) and include annual amount.

Other comments:

Signature: _____

Date: _____