

Name: _____
Application for year **2020-2021**



**Application for Grant
St. Michael's Episcopal School
Richmond, Virginia**

This application form is based largely on one developed by the Independent Schools Education Board for independent schools. The information supplied by the applicant will be considered strictly confidential. It will not be made available to any group or individual not directly concerned with the granting of financial aid by St. Michael's.

The School calls the applicant's attention to the fact that the money available for financial aid is limited. The use of special funds in cases where the need is not acute may deprive others of educational opportunities. Moreover, if the School uses any considerable part of its income from tuition and other regular fees for financial aid, there is risk of a possible deficit in its normal operating budget and a consequent necessary decrease in the services which the school can provide.

It is earnestly hoped that an application for aid will be made only after careful consideration of all aspects of the problem.

Please answer all questions on this application form.

Kindly return this form and a copy of your most recent tax return to:

Head of School
St. Michael's Episcopal School
10510 Hobby Hill Road
Richmond, Virginia 23235

This form must be returned to the school office by **February 3, 2020**.



Application for Grant
Application for year 2020-2021

Name of candidate:	
Address:	
Date of Birth:	Religious denomination:

Name of Parent/Guardian 1:	
Address:	
Phone:	Email:
Religious denomination:	

Name of Parent/Guardian 2:	
Address:	
Phone:	Email:
Religious denomination:	

Other dependent children:

Name	Age	School	Amount of tuition paid by Parent	Amount of aid received by Parent

List other dependents, if any. In the case of dependents living outside your home, indicate approximate amount of financial assistance you give them each year.

Aside from your family obligations, do you have any commitments, which should be considered in order to obtain a fair estimate of your financial situation (i.e. mortgage payments). If so, give details.

Employer of Parent/Guardian 1:	Position:
Employer's Address:	

Employer of Parent/Guardian 2:	Position:
Employer's Address:	

Sources of Income:

Salary	\$
Bonus and commissions	\$
Dividends	\$
Real Estate income	\$
Other income (itemize)	\$
TOTAL	\$

Are there any other funds that might be applied to the candidate's education, such as legacies, gifts, trust funds, educational insurance, aid from relatives, friends, or organizations? Give details.

In view of the financial circumstances outlined above, what is the minimum grant you need in order to meet all school charges? _____

Have you applied for a bank loan for this purpose? _____

Have you applied for financial aid from any other school for this child? _____

If so, list the schools: _____

List all automobiles owned by you and members of your family:

Make	Model	Year

List all social or country clubs to which you, or the members of your family, belong and the annual cost each such club membership.

The school will welcome any further statement you may care to make which may aid it in determining the amount of financial assistance that is appropriate for the school to grant. (If any of your answers to questions on this application form seem to you to be likely to create a false impression, feel free to clarify your situation.)

Signed: _____ Date: _____

Print Name: _____