



# Student Financial Aid Application

**ALL FINANCIAL AID REQUEST MUST CONTAIN 2 YEARS OF COMPLETE TAX RETURNS AND THE FORM MUST BE COMPLETED AND SIGNED**

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_

**PARENT / GAURDIAN INFORMATION:**

Father / Guardian Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Monthly Gross Earnings: \_\_\_\_\_

Other monthly Income: (ex SS, disability, alimony, child support): \_\_\_\_\_

**FINACIAL INFORMATION:**

Monthly Rental Payment: \_\_\_\_\_

Home: Approx. Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Car: Year/Make: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Car: Year/Make: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal Loans: Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal Loans: Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Credit Cards: Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other: Medical \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other: Description \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other: Description \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I / We can pay at least \$ \_\_\_\_\_ per month. (Note: This figure is only to aid the committee in the decision of financial aid and should not be construed as the parent’s final commitment or obligation.)

Mother / Guardian Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Monthly Gross Earnings: \_\_\_\_\_

Other monthly Income: (ex SS, disability, alimony, child support): \_\_\_\_\_

**FINACIAL INFORMATION:**

Monthly Rental Payment: \_\_\_\_\_

Home: Approx. Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Car: Year/Make: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Car: Year/Make: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal Loans: Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal Loans: Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Credit Cards: Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other: Medical \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other: Description \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other: Description \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES:**

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I / We can pay at least \$ \_\_\_\_\_ per month. (Note: This figure is only to aid the committee in the decision of financial aid and should not be construed as the parent's final commitment or obligation.)

**ALL REQUESTS FOR FINANCIAL AID SHALL BE SUBMITTED WITH 2 COMPLETE YEARS OF TAX RETURNS. FAILING TO COMPLETE THIS FORM IN ITS ENTIRETY OR NOT SUBMITTING WITH TAX INFORMATION WILL DELAY THE PROCESS.**

**Please submit this form and all tax information to our Board Treasurer, Vince Hartmann at  
Vince.Hartmann@BankofSunPrairie.com**

**PARENT / GUARDIAN AGREEMENT:**

I/We declare that I/We have carefully examined the information in this application, to the best of my / our knowledge and belief, it is true, correct and complete. I understand, failure to complete this submission with all necessary documents will result in a delay in the process.

Male Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Female Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_