

2010 SUMMER PROGRAM FINANCIAL AID APPLICATION

CTD wants to support students who can benefit from programs but are unable to afford the entire summer program fee. Need-based financial aid is available. Aid awards are based on family income and extenuating circumstances. Financial aid generally does not exceed 50% of the tuition balance, and most families awarded aid have a total household income of less than \$50,000. CTD encourages families to seek additional support from local schools and private agencies, which often provide scholarships. *Financial aid is awarded for no more than one session (Spark, Apogee, Spectrum, Equinox) or two half-day courses or one all-day course (Leapfrog) per child.*

Financial Aid Application Requirements: To be eligible for financial aid, students must submit the materials listed below.

FOR SPARK, APOGEE, SPECTRUM, AND EQUINOX STUDENTS

- Completed Application for Admission
- Check/money order for \$260 payable to Center for Talent Development
- Completed Financial Aid Application
- Statement of Need
- Signed copies of pages one and two of current Federal Tax return
- Free or reduced lunch verification letter, if applicable

FOR LEAPFROG STUDENTS

- Completed Application for Admission
- Check/money order for \$110 payable to Center for Talent Development/credit card
- Completed Financial Aid Application
- Statement of Need
- Signed copies of pages one and two of current Federal Tax return
- Free or reduced lunch verification letter, if applicable

Applicant Information

Student's Name

FIRST

MIDDLE

LAST

Home Phone ()

E-mail

I am applying as a (choose only one) Commuter Resident

Family Information

Parent/Guardian 1 Name

FIRST

LAST

Occupation

Parent/Guardian 2 Name

FIRST

LAST

Occupation

Names and Ages of Other Children

Parents' Marital Status Single Married Separated Divorced Widowed

Income Information

| INCOME | 2009 | 2010 (est) | | VALUE | DEBT | EXPENSES | 2009 | 2010 (est) |
|-----------------------|------|------------|-----------------------|-------|------|----------------------------------|------|------------|
| Parent 1 Wages | | | Cash/Savings/Checking | | | Annual Mortgage/Rent | | |
| Parent 2 Wages | | | Home | | | Medical Expenses Not Covered | | |
| Business Income | | | Business | | | Educational Expenses Not Covered | | |
| Child Support/Alimony | | | Investments | | | Other Expenses | | |
| TANF | | | Other | | | | | |
| Other Income | | | | | | | | |

Student is receiving: Free Lunch Program Reduced Lunch Program *Please provide a verification letter from the school or coordinator.*

Statement of Need

Attach a statement describing in detail the nature of the need for aid. Focus on financial concerns and problems that would inhibit or prevent the student from attending should aid not be awarded.

Family Contribution and Other Aid Sources

How much can your family contribute toward the Summer Program tuition (either dollar amount or percent)? _____

Please describe any other scholarships or aid applied for or awarded to the student for the Summer Program, including names, dates, and amounts: _____

Students will not be considered for financial aid until all admissions and financial aid materials are complete and have been received. Early application is encouraged as funds are limited and granted on a rolling basis.

For Office Use Only

APP ID _____ DATE REC'D _____ DATE ACPT'D _____ APPLICATION COMPLETE Y _____ N _____ F.A. Y _____ N _____ AMT \$ _____