

# SATURDAY ENRICHMENT PROGRAM FINANCIAL AID APPLICATION

## Winter 2010

CTD attempts to support students who can benefit from its programs but are unable to afford the entire Saturday Enrichment Program fee. Need-based financial aid is available and awarded based on family income and extenuating circumstances. Most families awarded financial aid have a total household income of less than \$50,000 annually.

To be eligible for financial aid, applications *must* include the following: \$75 application fee, a complete Financial Aid Application, copy of the first two pages of the most current federal income tax return and a statement of need (see below). If the student is eligible for free or reduced lunch, please provide a copy of the verification letter from the school or district.

Notification of any or no award will be made prior to the beginning of the session via phone and/or e-mail. At that time, arrangements can be made to pay the remaining balance, if any, or to withdraw from the program. If the choice is to withdraw, the application fee of \$75 will then be refunded. If you have any questions, please contact the CTD Saturday Enrichment Program office at sep@northwestern.edu or by calling 847/491-3782, extension 4.

**Financial aid applications will not be accepted after December 26.** Future financial aid consideration may be affected by quality of participation, attendance and successful completion of this class.

### Applicant Information

Student's Name

FIRST

MIDDLE

LAST

Address

BOX/ROUTE OR NUMBER AND STREET

CITY

STATE

ZIP

Home Phone (      )

### Family Information

Parent/Guardian 1 Name

FIRST

LAST

Occupation

Employer/Address

Parent/Guardian 2 Name

FIRST

LAST

Occupation

Employer/Address

Names & Ages of Other Children

Parents' Marital Status    Single    Married    Separated    Divorced    Widowed

### Income Information

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

| 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          |      |            |                       |       |      |                                  |      |            |

### Statement of Need

Describe in detail the nature of the need for financial aid for this student. Please note financial concerns and problems that would prevent the student from attending this class should aid not be granted. Please indicate the amount of the total you are able to pay. \$ \_\_\_\_\_

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