



APPLICATION FOR FINANCIAL AID

Updated January 2017

Privacy Notice

The Alto International School (“ALTO”) is committed to safeguarding the nonpublic personal information of families attending ALTO and/or prospective families (“Clients”). This policy describes how we handle and protect personal information.

Collection and use of client information

The Alto International School collects only relevant information about the Clients that allows us to properly service you.

We collect financial and other personal information about you from the following sources:

Information you provide on applications or other forms (for example, your name, address, social security number and birth date)

Information derived from your transactions with us (for example, all tuitions, extracurricular and miscellaneous charges, account balance and account number)

Keeping information secure

We maintain physical, electronic and procedural safeguards to protect your financial and other personal information, and we continually assess new technology with the aim of adding new safeguards to those we have in place.

Limiting employee access to information

We limit access to personally identifiable information to only those employees or board members who need to know such information in order to provide services to our Clients. Any employee who is authorized to possess “client report information” for a business purpose is required to take reasonable measures to protect against unauthorized access to or use of the information.

Use of personal and financial information by us and third parties

We do not sell non-public personal information about current or former Clients or their accounts to any third parties, and do not disclose such information to third parties unless necessary to process a transaction, service an account, or as otherwise permitted by law.

Accuracy of information

We strive to keep our records of your information accurate, and we take immediate steps to correct errors. If there are any inaccuracies in your statements or in any other communications from us, please contact us for correction or clarification.

PART A: STUDENT APPLICANT INFORMATION

Student A:

1 Last name: _____ First name: _____

2 Indicate the relationship of the parent(s) or guardian(s) listed in question 6 to this student (check one or two boxes)

1. Father 2. Mother 3. Stepfather / Male guardian 4. Stepmother / Female guardian

3 Student lives with (check all that apply):

1. Father 2. Mother 3. Stepfather 4. Stepmother 5. Male guardian 6. Female guardian
-

Student B:

1 Last name: _____ First name: _____

2 Indicate the relationship of the parent(s) or guardian(s) listed in question 6 to this student (check one or two boxes)

1. Father 2. Mother 3. Stepfather / Male guardian 4. Stepmother / Female guardian

3 Student lives with (check all that apply):

1. Father 2. Mother 3. Stepfather 4. Stepmother 5. Male guardian 6. Female guardian
-

Student C:

1 Last name: _____ First name: _____

2 Indicate the relationship of the parent(s) or guardian(s) listed in question 6 to this student (check one or two boxes)

1. Father 2. Mother 3. Stepfather / Male guardian 4. Stepmother / Female guardian

3 Student lives with (check all that apply):

1. Father 2. Mother 3. Stepfather 4. Stepmother 5. Male guardian 6. Female guardian
-

PART B: PARENT OR GUARDIAN INFORMATION

4 Address to which all correspondence will be mailed

Number and street: _____

City: _____ State: _____ ZIP code: _____

Parent A:

5 Name: _____ Age: _____ Disabled Deceased

Home address: _____

Occupation: _____ Title: _____

Employer: _____ Years with firm: _____ Part time Full time

Parent B:

6 Name: _____ Age: _____

Disabled Deceased

Home address: _____

Occupation: _____ Title: _____

Employer: _____ Years with firm: _____ Part time Full time

PART C: PARENT'S INCOME AND EXPENSE INFORMATION

Basic tax information:

7A The information on this form is from last year's tax return that is: Completed Estimated

7B Income tax filing status:

1. Single 2. Married, joint return 3. Married, filing separately 4. Head of household 5. Do not file

7C Did the student applicant(s) file a federal tax return for last year?

Student A: Yes No Student B: Yes No Student C: Yes No

7D How many federal income tax exemptions did you or will you claim for last year? _____

7E How many children, including the student applicant(s), are receiving support from you currently? _____

7F How many children entered in question 7E will be attending full-time child care, tuition-charging preschools, schools, or colleges? _____

Taxable income before deductions:

| | Last Calendar Year | Estimated current Calendar Year |
|---|--------------------|------------------------------------|
| 8A Salaries and wages for parent, stepparent, or guardian in 6A | \$ _____ | \$ _____ |
| 8B Salaries and wages for parent, stepparent, or guardian in 6B | \$ _____ | \$ _____ |
| 8C Taxable dividends and/or interest income from 1099 statement(s) | \$ _____ | \$ _____ |
| 8D Alimony received or estimated (do not include child support) | \$ _____ | \$ _____ |
| 8E Net profit/loss from business (if loss use parentheses around figures) Check only one box: <input type="checkbox"/> 1. parent, stepparent, or guardian in 6A <input type="checkbox"/> 2. parent, stepparent, or guardian in 6B <input type="checkbox"/> 3. both | \$ _____ | \$ _____ |
| 8F Other taxable income | \$ _____ | \$ _____ |
| 9A Untaxed portion of payments to IRA | \$ _____ | \$ _____ |
| 9B Keogh plan payments and self-employed SEP deduction | \$ _____ | \$ _____ |
| 10 Other IRS allowable adjustments to taxable income | \$ _____ | \$ _____ |
| Total taxable income before deductions: | \$ _____ | \$ _____ |

Nontaxable income:

| | | |
|---|----------|----------|
| 11A Child support received for all children | \$ _____ | \$ _____ |
| 11B Social security benefits for entire family | \$ _____ | \$ _____ |
| 11C Other nontaxable income (complete sep. worksheet and enter totals here). | \$ _____ | \$ _____ |
| 12 IRS total itemized deductions from IRS schedule A | \$ _____ | \$ _____ |
| 13 Total federal tax paid (IRS 1040 or 1040A) | \$ _____ | \$ _____ |
| 14 Self-employed tax paid | \$ _____ | \$ _____ |

Insurance and medical/dental expenses:

| | | |
|--|----------|----------|
| 15A Total medical/dental expenses not reimbursed by insurance | \$ _____ | \$ _____ |
| 15B Total paid for medical/dental insurance plans | \$ _____ | \$ _____ |
| 16 Unusual expenses | \$ _____ | \$ _____ |

PART D: FAMILY ASSETS AND DEBTS

| | | | |
|------------|---|---|--|
| | Present market value | Unpaid principal on 1st mortgage | Annual payments on 1st mortgage |
| 17A | Home (if owned) | \$ _____ | \$ _____ |
| | | Unpaid principal on 2nd mortgage/equity loan(s) | Annual payments on 2nd mortgage/equity loan(s) |
| 17B | Do you have a second mortgage or equity loan on the home listed in 17A? | \$ _____ | \$ _____ |
| | | Unpaid principal on all mortgages and equity loan(s) on your home | Annual payments on all mortgages and equity loan(s) on your home |
| 17C | Enter the total amount of unpaid principal and annual payments on all mortgages and equity loans on your home. | \$ _____ | \$ _____ |
| 18 | All other real estate you own (if more than 2, attach separate sheet) | | |
| | 1. Year purchased _____ Purchase price \$ _____ | Current market value \$ _____ | |
| | 2. Year purchased _____ Purchase price \$ _____ | Current market value \$ _____ | |
| | | Unpaid principal on all other real estate | Annual payments on all other real estate |
| | | \$ _____ | \$ _____ |
| 19 | Bank accounts - total of parents' checking and savings accounts (interest-bearing and non-interest bearing accounts) | | \$ _____ |
| 20 | Investments - net value (stocks, bonds, mutual funds, etc.) Do not include value of pension, retirement plans, IRA's, etc. | | \$ _____ |
| 21A | Debts (please explain) | | \$ _____ |
| 21B | Amount in 21A planned to be paid during current year | \$ _____ | |
| 21C | Consumer debts | \$ _____ | |
| 22 | Do you own your own business? | A. % of ownership % _____ | B. Assets \$ _____ |
| | | | C. Debts \$ _____ |
| 23 | Student assets (enter information only for student applicant(s) listed in section A) | Student A \$ _____ | Student B \$ _____ |
| | | | Student C \$ _____ |

PART E: FAMILY EXPENSES AND ADDITIONAL INFORMATION

24A How much can you afford for educational expenses for the academic year for each student applicant? Student A Student B Student C
 \$ _____ \$ _____ \$ _____

24B How much can you afford for educational expenses for the Academic year for all students listed in item 26? All students total \$ _____

For items 25 and 26, please provide information below **for all children**. Enter first and last names. The number of children should be the same as entered in item 7E. List student applicants first, in the same order as in Part I A, B, and C. List all children, those applying for aid and those not applying for aid.

25 Current Year

| Full Name | Age of child | Name of present child care, preschool, school or college | Grade or year in school or college | Cost of child care, preschool, school or college | Amount of this cost paid by: | | | | |
|-----------|--------------|--|------------------------------------|--|------------------------------|------------------------|----------|--------------------------------|--|
| | | | | | A. Parent of guardian | B. Financial aid grant | C. Loan | D. Students' assets & earnings | E. Friends, relatives, trust funds & other sources |
| 1. _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

26 Next Year

| Full Name | Name of present child care, preschool, school or college | Grade or year in school or college | Check appropriate boxes | | | | | | Dollar amounts that will be available to cover school costs for academic year | | | |
|-----------|--|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|-------------------------------------|---|
| | | | Living with person filin | Child care | Public schoc | Private schoc | College | Applied for ai | A. From parents' income & assets | B. From child support o social security | C. From student's assets & earnings | D. From friends, relatives, trust funds & other sources |
| 1. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

| | Last Year | Estimated current |
|---|--|---|
| 27 If you do not own your home and rent your family residence, provide total amount of annual rent you paid for last year and what you pay currently..... | \$ _____ | \$ _____ |
| 28A Is there an employee retirement plan for parent, stepparent, or guardian in 6A? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an employee retirement plan for parent, stepparent, or guardian in 6B? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28B Total employment related child care expenses last year..... | \$ _____ | |
| 28C Face value of parents' life insurance policies: | \$ _____ | |
| <input type="checkbox"/> Term life <input type="checkbox"/> Whole life <input type="checkbox"/> Universal life <input type="checkbox"/> Single-premium life | | |
| 28D Annual cost of clubs and memberships in last year..... | \$ _____ | |
| 28E Costs of camps, lessons and extracurricular programs last year..... | \$ _____ | |
| 28F Costs of all vacations in last year..... | \$ _____ | |
| 29A List all family cars (if more than three cars are owned, attach separate sheet) | | |
| 1. (make and year) _____ | <input type="checkbox"/> Own | <input type="checkbox"/> Lease <input type="checkbox"/> Provided by employer/business |
| 2. (make and year) _____ | <input type="checkbox"/> Own | <input type="checkbox"/> Lease <input type="checkbox"/> Provided by employer/business |
| 3. (make and year) _____ | <input type="checkbox"/> Own | <input type="checkbox"/> Lease <input type="checkbox"/> Provided by employer/business |
| Current total car debt \$ _____ | Annual lease expense \$ _____ | |
| 29B List all boats and other recreational vehicles owned or leased (if more than two, attach separate sheet) | | |
| 1. (make and year) _____ | | |
| 2. (make and year) _____ | | |
| 30 Complete this item only if student applicants' parents are separated, divorced, or have never been married. | | |
| <input type="checkbox"/> Divorced <input type="checkbox"/> Separated, no court action <input type="checkbox"/> Legally separated <input type="checkbox"/> Never married | | |
| Year of divorce or separation _____ | Is there a joint custody agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Nontaxable Income Worksheet

| 11C Schedule - other nontaxable income breakdown/detail. Complete this schedule for item 11C: | Last Year | Estimated current |
|---|-----------|-------------------|
| Payments to tax-deferred pension and savings plans as reported on W2 forms(s). Include amounts withheld from earnings for qualified retirement plans, such as 401(k) and 403(b) plans. Do not report amounts entered in 9A or 9B..... | \$ _____ | \$ _____ |
| Pretax contributions or employer-provided untaxed income from fringe benefit plans (cafeteria or 125 plans)..... | \$ _____ | \$ _____ |
| Cash support, gifts, or money paid on your behalf (from relatives or non-relatives)..... | \$ _____ | \$ _____ |
| Household expenses and any money paid by separated or divorced spouse in lieu of child support..... | \$ _____ | \$ _____ |
| Housing, food, and other living allowances (excluding rent subsidies for low-income housing) paid on your behalf or to you as a member of the military, clergy, or other occupation (including cash payments and cash value of benefits), or contributions to your household income provided by other nondependent members..... | \$ _____ | \$ _____ |
| Earned income credits, welfare benefits, veterans benefits, workers compensation..... | \$ _____ | \$ _____ |
| Income from tax-exempt investments..... | \$ _____ | \$ _____ |
| Income earned abroad (Foreign Income Exclusions, IRS Form 2555, or 2555EZ)..... | \$ _____ | \$ _____ |
| Other untaxed income and benefits not included above..... | \$ _____ | \$ _____ |
| Enter those totals in item 11C Total | \$ _____ | \$ _____ |

PARENTS' CERTIFICATION AND AUTHORIZATION

We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive any financial aid and/or our ability to maintain a contract with the Alto International School.

Alto International International School has our permission to verify the information reported. We understand and agree that this verification includes the disclosure of personal and financial information, such as an official copy of our latest income tax return and/or a signed IRS Form 4506. **All supporting documentation must be submitted together with the application.** If you do not agree to the above, please do not submit your application.

Parent or Guardian A:

Signature: _____ Date: _____

Home telephone: _____ Daytime telephone: _____

Parent or Guardian B:

Signature: _____ Date: _____

Home telephone: _____ Daytime telephone: _____