Financial Aid Checklist

Please submit with your program application at your earliest convenience. Early applications are strongly encouraged due to limited funding.

I am applying for financial aid for the following program (select one):

☐ CTY Online Programs
☐ CTY Family Academic Programs
☐ CTY Diagnostic and Counseling Center

To be considered for financial aid from CTY, please provide:

☐ A completed and signed CTY Program Application.
☐ A completed and signed Financial Aid Application.
☐ Income documentation. See list below for details. Please delete or black out all Social Security numbers.

Please submit the following for applications submitted prior to July 2019:

• 2017 Tax Returns
  - Schedules A, C, D, E, and/or F
  - Form 4562 (if applicable)
• 2017 W-2/1099
• 2017 Form 482 (Puerto Rican residents)
• 2017 Documentation of Nontaxable Income*

Please submit the following for applications submitted between July 2019 and June 2020:

• 2018 Tax Returns
  - Schedules 1, 3, A, C, D, E, and/or F (if applicable)
  - Form 4562 (if applicable)
• 2018 W-2/1099
• 2018 Form 482 (Puerto Rican residents)
• 2018 Documentation of Nontaxable Income*

* Examples of nontaxable income include: Social Security income, child support, etc.

Part I. Student Information (Please type or print legibly in black ink)

Name: _____________________________  _____________________________  _____________________________  
Last  First  M.I.

Student’s Address: _____________________________  _____________________________  
Street, Route, or Box        City        State        Zip

CTY Student ID#: _____________________________

Student’s Date of Birth: ________ / ________ / ________

Month  Day  Year

Is the student a U.S. citizen?  ☐ Yes  ☐ No

Does the student applicant permanently reside in the U.S.?  ☐ Yes  ☐ No

If student applicant is not a U.S. citizen, is he/she an eligible permanent U.S. resident?  ☐ Yes  ☐ No
Part II. Household Information

Parent’s Marital Status: (Check one):

☐ Single  ☐ Married  ☐ Separated  ☐ Divorced  ☐ Widowed  As of: ___________

Total number of people living in the household, including applicant and parent/guardian: ___________

Does the student have any siblings currently applying for CTY programs?  ☐ Yes  ☐ No

If yes, please list student’s name(s) below:

Name(s) of sibling(s): ____________________________________________________________

Student ID # of sibling(s) (optional): ____________________________________________

Complete the information below for parent(s) with whom the student lives:

Student currently lives with:  ☐ Father  ☐ Mother  ☐ Both  ☐ Guardian  ☐ Other

Parent 1/Guardian 1 Name: ____________________________________________  Parent 2/Guardian 2 Name: ____________________________________________

Part III. Household Financial Information

Please enter your total annual income. Total income includes ALL W-2 or pay stub year-to-date earnings, business/rental income, form 1099 income, Social Security income, other non-taxed income, and any other income received, including child support.

* If filed jointly, please enter income in a single column.

<table>
<thead>
<tr>
<th>Family Income Information</th>
<th>Parent/Guardian</th>
<th>Parent 1/Guardian 1</th>
<th>Parent 2/Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Gross Income (AGI)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Income earned from work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Payment to tax-deferred pensions and retirement savings plans</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>IRA deductions and payments to self-employed SEP, SIMPLE, Keough</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child support received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Tax exempt interest income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed portions of IRA distributions and pensions (exclude rollovers)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value benefits)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Veterans non-education benefits such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC) and/or VA Educational Work Study Allowance</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other untaxed income not reported elsewhere</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Other Resources

Current value of cash/savings/checking accounts: $ __________________________
Part IV. Special Circumstances

If you were not required to file a tax return for the year we are requiring documentation, please explain. Please note that special circumstances and expenses shown below must be documented.

If any of the circumstances listed below apply, please check the box and explain briefly. You may also attach additional explanation/documentation.

☐ Change in income (i.e. loss of job, loss of other income such as child support or SSI)
☐ Change in household circumstances (i.e. parent divorce/separation, death of parent, change in household size, home foreclosure)
☐ Other expenses, not including usual living expenses (i.e. child support paid out of the household, incurred uninsured medical or dental expenses, debt resulting from previous job loss or business income losses):

Part V. Reduced Deposit Information

CTY requires financial aid applicants to submit a $15 reduced tuition deposit for Online Programs. It may be refunded if, for example, students do not receive financial aid or they cannot be registered for a course. The nonrefundable application fee is waived for financial aid students. There is no deposit required for Family Academic Programs and the Diagnostic and Counseling Center. A full deposit is required if students wish to be registered for a course, family program, or counseling center service before their financial aid application has been evaluated, and any aid has been awarded.

Please review the Financial Aid checklist on the front of this form to ensure you are submitting a complete application.

I certify that all information provided is accurate to the best of my knowledge. I understand that all the information will be kept confidential and will be verified by CTY for purposes of determining financial aid eligibility. Any deliberate misrepresentation will void the application.

Signature of Parent or Legal Guardian: _______________________________ Date: ______________

NOTE: Financial aid funding is limited. An award in a previous year does not guarantee an award this year; a completed financial aid application must be submitted to be considered for funding each year.

Please mail completed and signed CTY Financial Aid Application with income documentation and completed and signed Online, Family or DCC Program Application to:

Johns Hopkins Center for Talented Youth
P.O. Box 64710
Baltimore, MD 21264