



APPLICATION FOR FINANCIAL AID
RYE COUNTRY DAY SCHOOL | Summer Session 2021



Cedar Street, Rye, NY 10580
 PHONE 914-925-4511 | FAX 914-921-2360
 WEB: <https://www.ryecountryday.org/summer> | EMAIL: summersession@ryecountryday.org

*This form is ONLY necessary for applicants desiring financial assistance who do not attend RCDS.
 Current or incoming RCDS families who will receive aid in 2021-2022 do not need to fill out this form.*

*A signed copy of your 2020 IRS Form 1040 and its accompanying schedules **must** accompany this application in order to be considered for aid.
 The committee will contact you if further information is needed. **Decisions will be made in mid-June.**
 Please contact us before then if your desire to attend Summer Session has changed.*

<u>PART I. STUDENT APPLICANT NAME(S)</u>	
Child 1: Last Name	First Name
Child 2: Last Name	First Name
Child 3: Last Name	First Name

<u>PART II. PARENT OR GUARDIAN INFORMATION</u>			
Parent/Guardian Name		Occupation and Position	
Home Address	City	State	Zip
Home and Mobile Telephone		Email Address	
Parent/Guardian Name		Occupation and Position	
Home Address	City	State	Zip
Home and Mobile Telephone		Email Address	
Legal Status of Parents:			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> One Parent Deceased <input type="checkbox"/> Domestic Partners			

<u>PART III. FAMILY INCOME</u>		
	Previous Year's Annual Gross Earnings	Current Year's Annual Gross Earnings (projected)
_____ 's Salary Parent/Guardian Name	\$ _____	\$ _____
_____ 's Salary Parent/Guardian Name	\$ _____	\$ _____
Other Income (Includes interest, self-employment, alimony, dividends, child support, Social Security) Please attach additional page, if needed.	\$ _____	\$ _____
Total	\$ _____	\$ _____

PART IV. FAMILY ASSETS AND DEBTS

	ASSETS	DEBTS
1. If you own your home, what is its current value?	\$_____	
2. What is the outstanding balance of the mortgage?		\$_____
3. If you own additional property, please list its overall value.	\$_____	
4. What is the outstanding balance of the mortgage(s) on this/these property/properties?		\$_____
5. What is the current total of your checking and savings accounts?	\$_____	
6. What is the net value of any investments (stocks, bonds, mutual funds) that you own?	\$_____	
7. What is the total amount of consumer debt (credit cards) that you owe?		\$_____

Below, please provide information on any **family vehicles**. List the make, model, and year.
If owned, note the value of the vehicle. If financed or leased, note the monthly payment.

_____	_____	_____	<input type="checkbox"/> Owned	<input type="checkbox"/> Financed	<input type="checkbox"/> Leased	\$_____
Make	Model	Year				
_____	_____	_____	<input type="checkbox"/> Owned	<input type="checkbox"/> Financed	<input type="checkbox"/> Leased	\$_____
Make	Model	Year				

PART V. FAMILY EXPENSES AND ADDITIONAL INFORMATION

1. If you rent your family residence, what is your monthly rent?	\$_____
2. How many children, including the student applicant, are receiving support from you?	_____
3. How many children in the above question will be attending full-time child care, tuition charging camps or schools this summer?	_____
4. Besides RCDS Summer Session, what is the total cost to you for the above summer programs?	\$_____
5. Are there grandparents, relatives, or other family members who assist in paying school tuition? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please explain. _____	
6. If the child applying to RCDS Summer Session attends an independent school during the school year and receives financial aid from his/her school, please note the school and the amount of the award for this year and next. Please include a copy of the award letter from your school.	
School Name:_____ Aid 2020–2021 \$_____ Aid 2021–2022 \$_____	

School tuition and/or childcare costs for children in the household *other* than the Summer Session applicant(s) for the **2020–2021 School Year**:

Child's name:_____	Age: _____	School or Child Care Facility: _____
Receiving financial aid? <input type="checkbox"/> yes <input type="checkbox"/> no		Total Cost to You: \$_____
Child's name:_____	Age: _____	School or Child Care Facility: _____
Receiving financial aid? <input type="checkbox"/> yes <input type="checkbox"/> no		Total Cost to You: \$_____

If you need to include more information, please attach any additional pages.

PART VI. AFFORDABILITY OF SUMMER SESSION

*Please note how much you can afford to pay for each child attending RCDS Summer Session. **Do not leave blank.***

Child #1: \$_____	Child #2: \$_____	Child #3: \$_____
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Additional Information

Please attach an additional page in order to explain any extraordinary family expenses, such as medical, psychological, or educational expenses, which you feel are relevant to this application. Additionally, please feel free to add a personal statement if you think it will help further clarify the Committee's understanding of your financial circumstances and application.