

# Broadway Theatre Project 2019 Financial Aid Application Form

## PART I

1A) APPLICANT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF  
BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1B) ADDRESS \_\_\_\_\_  
STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER WITH AREA CODE \_\_\_\_\_

1C) CHECK FOR ALL PERSONS WHOSE INFORMATION IS ENTERED ON THIS  
FORM:  MOTHER  FATHER  STEPMOTHER  STEPFATHER  FEMALE GUARDIAN

MALE GUARDIAN  INDEPENDENT INDIVIDUAL

1D) CHECK ALL THAT APPLY TO THE PARENTS, STEPPARENTS, GUARDIANS OR  
INDIVIDUAL COMPLETING THIS FORM:

PARENTS SEPARATED OR DIVORCED  SINGLE PARENT

MOTHER DISABLED  MOTHER DECEASED

FATHER DISABLED  FATHER DECEASED

1E) STUDENT APPLICANT LIVES WITH:

OTHER \_\_\_\_\_

MOTHER  FATHER  STEPMOTHER  STEPFATHER

FEMALE GUARDIAN  MALE GUARDIAN  ALONE

## 2A) FATHER, STEPFATHER, MALE GUARDIAN

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ YEARS WITH FIRM \_\_\_\_\_

PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_

**2B) MOTHER, STEPMOTHER, FEMALE GUARDIAN**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ YEARS WITH FIRM \_\_\_\_\_

PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_

**3A) INCOME TAX FILING STATUS:**

FOR 2018

\_\_\_ SINGLE

\_\_\_ MARRIED, JOINT RETURN

\_\_\_ MARRIED, FILING SEPARATELY

\_\_\_ HEAD OF HOUSEHOLD

\_\_\_ DO NOT FILE

FOR 2019

\_\_\_ SINGLE

\_\_\_ MARRIED JOINT RETURN

\_\_\_ MARRIED, FILING SEPARATELY

\_\_\_ HEAD OF HOUSEHOLD

\_\_\_ DO NOT FILE

**3B) DID THE STUDENT FILE A FEDERAL INCOME TAX RETURN FOR:**

2018 \_\_\_ YES \_\_\_ NO

2019 \_\_\_ YES \_\_\_ NO

**4) HOW MANY FEDERAL INCOME TAX EXEMPTIONS DID YOU CLAIM FOR:**

2018 \_\_\_\_\_

2019 \_\_\_\_\_

**5) HOW MANY CHILDREN, INCLUDING THE STUDENT APPLICANT, ARE RESIDING IN YOUR HOME AND/OR RECEIVING SUPPORT FROM YOU IN**

2018-2019? \_\_\_\_\_

(LIST IN ITEM 25: DO NOT LEAVE BLANK)

**6) HOW MANY CHILDREN ARE ATTENDING TUITION CHARGING INSTITUTIONS IN 2018-2019? \_\_\_\_\_**

**7) TOTAL TAXABLE INCOME BEFORE DEDUCTIONS:**

**PARENTS' OR INDEPENDENT'S ANNUAL INCOME AND EXPENSES**

	<b>2017</b>	<b>2018</b>
A) SALARIES AND WAGES	\$ _____	\$ _____
B) FATHER, STEPFATHER, MALE GUARDIAN, MALE INDEPENDENT		
C) SALARIES AND WAGES	\$ _____	\$ _____
D) MOTHER, STEPMOTHER, FEMALE GUARDIAN, FEMALE INDEPENDENT		
C) DIVIDEND AND/OR INTEREST INCOME		
\$ _____ \$ _____		
D) ALIMONY RECEIVED	\$ _____	\$ _____
E) NET PROFIT/LOSS FROM BUSINESS	\$ _____	\$ _____

IF LOSS, USE PARENTHESES

CHECK ONE - \_\_\_ PROFIT/LOSS IS FATHER'S, STEPFATHER'S, MALE GUARDIAN'S  
                  \_\_\_ PROFIT/LOSS IS MOTHER'S, STEPMOTHER'S, FEMALE GUARDIAN'S  
                  \_\_\_ PROFIT/LOSS IS BOTH

F) OTHER TAXABLE INCOME \$ \_\_\_\_\_  
                                  \$ \_\_\_\_\_

IF LOSS USE PARENTHESES

8A) UNTAXED PORTION OF PAYMENTS IN IRA \$ \_\_\_\_\_ \$ \_\_\_\_\_

8B) KEOGH PLAN PAYMENTS AND \$ \_\_\_\_\_  
                                  \$ \_\_\_\_\_

SELF-EMPLOYMENT SEP DEDUCTION

9) OTHER IRS ALLOWABLE ADJUSTMENTS \$ \_\_\_\_\_  
                                  \$ \_\_\_\_\_

TO TAXABLE INCOME

10) TOTAL NONTAXABLE INCOME: 2012-2018

A) CHILD SUPPORT RECEIVED	\$ _____	\$ _____
B) SOCIAL SECURITY BENEFITS	\$ _____	\$ _____
C) OTHER NONTAXABLE INCOME	\$ _____	\$ _____

COMPLETE WORKSHEET AREA AT ITEM 31

11) IRS TOTAL ITEMIZED DEDUCTIONS \$ \_\_\_\_\_ \$ \_\_\_\_\_

FROM IRS SCHEDULE A

12) TOTAL FEDERAL INCOME TAX	\$ _____	\$ _____
13) SELF-EMPLOYMENT TAX PAID	\$ _____	\$ _____
14) TOTAL MEDICAL AND DENTAL	\$ _____	\$ _____

EXPENSES NOT COVERED BY INSURANCE

15) TOTAL MEDICAL AND DENTAL \$ \_\_\_\_\_ \$ \_\_\_\_\_  
INSURANCE YOU PAID  
16) UNUSUAL EXPENSES \$ \_\_\_\_\_ \$ \_\_\_\_\_

**PARENTS' OR INDEPENDENT'S ASSETS AND LIABILITIES**

17) HOME (IF OWNED) YEAR PURCHASED \$ \_\_\_\_\_  
PURCHASE PRICE \$ \_\_\_\_\_  
TOTAL FIRE INSURANCE CARRIED \$ \_\_\_\_\_  
PRESENT MARKET VALUE \$ \_\_\_\_\_

UNPAID PRINCIPAL ON FIRST MORTGAGE \$ \_\_\_\_\_  
ANNUAL PAYMENTS ON FIRST MORTGAGE \$ \_\_\_\_\_

17A) DO YOU HAVE A SECOND MORTGAGE OR EQUITY LOAN ON YOUR HOME LISTED IN ITEM 17? \_\_\_ YES \_\_\_ NO

IF SO, DESCRIBE PURPOSE OF LOAN IN ITEM 31

YEAR OF SECOND MORTGAGE \_\_\_\_\_ YEAR OF EQUITY LOAN \_\_\_\_\_  
AMOUNT OF SECOND MORTGAGE/EQUITY LOAN(S)  
\$ \_\_\_\_\_

ANNUAL PAYMENTS ON SECOND MORTGAGE/EQUITY LOAN(S) \$ \_\_\_\_\_

17B) TOTAL AMOUNT OF UNPAID PRINCIPAL ON ALL MORTGAGES AND EQUITY LOANS ON YOUR HOME \$ \_\_\_\_\_

TOTAL ANNUAL PAYMENTS ON ALL MORTGAGES AND EQUITY LOANS ON YOUR HOME \$ \_\_\_\_\_

18) ALL OTHER REAL ESTATE: DESCRIBE PROPERTY IN ITEM 31

YEAR PURCHASED \$ \_\_\_\_\_ PURCHASE PRICE \$ \_\_\_\_\_  
TOTAL FIRE INSURANCE CARRIED \$ \_\_\_\_\_  
PRESENT MARKET VALUE \$ \_\_\_\_\_  
UNPAID PRINCIPAL ON MORTGAGE \$ \_\_\_\_\_  
TOTAL ANNUAL MORTGAGE PAYMENTS \$ \_\_\_\_\_

19) BANK ACCOUNTS -TOTAL OF INTEREST BEARING CHECKING AND SAVINGS ACCOUNTS \$ \_\_\_\_\_

20) OTHER INVESTMENTS -NET VALUE -\$ \_\_\_\_\_

DO NOT INCLUDE PENSIONS, RETIREMENT PLANS, IRAS, OR KEOGHS.

21A) INDEBTEDNESS \$ \_\_\_\_\_

DO NOT INCLUDE MORTGAGES, BUSINESS, FARM, CAR, OR OTHER CONSUMER INDEBTEDNESS.

21B) CONSUMER INDEBTEDNESS \$ \_\_\_\_\_

21C) AMOUNT OF ITEM 21A TO BE PAID DURING 2012 \$ \_\_\_\_\_

22) COMPLETE ITEM 22 ONLY IF YOU OWN A FARM /BUSINESS PERCENT OF OWNERSHIP \_\_\_\_\_ ASSETS \$ \_\_\_\_\_ LIABILITIES \$ \_\_\_\_\_

23) STUDENT APPLICANTS OWN ASSETS \$ \_\_\_\_\_

## **PART II**

24) HOW MUCH CAN YOU AFFORD FOR EDUCATIONAL EXPENSES FOR THE APPLICANT FOR:

2012 -2018 ACADEMIC YEAR \$ \_\_\_\_\_

2018-2019 ACADEMIC YEAR \$ \_\_\_\_\_

25) PROVIDE CURRENT YEAR (2018-2019) INFORMATION FOR ALL DEPENDENT CHILDREN:

CHILD ONE:

FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_

DOES STUDENT LIVE WITH YOU? \_\_\_ YES \_\_\_ NO

NAME OF SCHOOL \_\_\_\_\_

\_\_\_ PUBLIC SCHOOL \_\_\_ PRIVATE SCHOOL \_\_\_ APPLIED FOR AID

TOTAL COST FOR ONE YEAR IF PRIVATE SCHOOL \$ \_\_\_\_\_

AMOUNT OF COST PAID BY PARENT OR GUARDIAN \$ \_\_\_\_\_

AMOUNT PAID BY FINANCIAL AID AWARD \$ \_\_\_\_\_

AMOUNT PAID FROM LOAN \$ \_\_\_\_\_

AMOUNT PAID FROM JOB (INCLUDE SUMMER EARNINGS) \$ \_\_\_\_\_

AMOUNT PAID FROM OTHER SOURCES \$ \_\_\_\_\_

EXPLAIN IN ITEM 31

CHILD TWO:

FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_

DOES STUDENT LIVE WITH YOU? \_\_\_ YES \_\_\_ NO

NAME OF SCHOOL \_\_\_\_\_

\_\_\_ PUBLIC SCHOOL \_\_\_ PRIVATE SCHOOL \_\_\_ APPLIED FOR AID

TOTAL COST FOR ONE YEAR IF PRIVATE SCHOOL \$ \_\_\_\_\_

AMOUNT OF COST PAID BY PARENT OR GUARDIAN \$ \_\_\_\_\_

AMOUNT PAID BY FINANCIAL AID AWARD \$ \_\_\_\_\_

AMOUNT PAID FROM LOAN \$ \_\_\_\_\_

AMOUNT PAID FROM JOB (INCLUDE SUMMER EARNINGS) \$ \_\_\_\_\_

AMOUNT PAID FROM OTHER SOURCES \$ \_\_\_\_\_

EXPLAIN IN ITEM 31

LIST OTHER DEPENDENT CHILDREN ON ADDITIONAL PAPER.

26) LIST ANY CHANGES IN SCHOOL STATUS FOR DEPENDENTS FOR THE 2018-2019 ACADEMIC YEAR \_\_\_\_\_

LIST ADDITIONAL COSTS THAT WILL BE INCURRED FOR THE 2018-2019 ACADEMIC YEAR \$ \_\_\_\_\_

27) IF YOU RENT YOUR FAMILY RESIDENCE, PROVIDE TOTAL ANNUAL RENT FOR 2018 \$ \_\_\_\_\_ AND ESTIMATED FOR 2019 \$ \_\_\_\_\_

28) DOES FATHER, STEPFATHER, OR MALE GUARDIAN HAVE AN EMPLOYMENT PENSION PLAN? \_\_\_ YES \_\_\_ NO

DOES MOTHER, STEPMOTHER, OR FEMALE GUARDIAN HAVE AN EMPLOYMENT PENSION PLAN? \_\_\_ YES \_\_\_ NO

TOTAL EMPLOYMENT RELATED DAY CARE EXPENSES FOR

2018 \$ \_\_\_\_\_ ESTIMATED FOR 2019 \$ \_\_\_\_\_

TOTAL FACE VALUE OF PARENTS LIFE INSURANCE POLICIES \$ \_\_\_\_\_

SINGLE PREMIUM LIFE \$ \_\_\_\_\_

WHOLE LIFE \$ \_\_\_\_\_

TERM LIFE \$ \_\_\_\_\_

ANNUAL COST OF CLUBS REQUIRING DUES OVER \$100 IN 2018 \$ \_\_\_\_\_

ESTIMATED FOR 2019 \$ \_\_\_\_\_

COST OF SUMMER CAMPS IN 2018 \$ \_\_\_\_\_

COST OF VACATION IN 2018 \$ \_\_\_\_\_

STUDENT APPLICANTS EARNING FOR 2012 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_ ESTIMATED FOR 2019 \$ \_\_\_\_\_

29) COMPLETE THIS ITEM IF APPLICANTS PARENTS NEVER MARRIED OR ARE SEPARATED OR DIVORCED.

\_\_\_\_ DIVORCED                      \_\_\_\_\_ LEGALLY SEPARATED

\_\_\_\_ SEPARATED, NO COURT ACTION      \_\_\_\_\_ NEVER MARRIED

DATE OF DIVORCE OR SEPARATION -MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF PARENT WHO CLAIMED STUDENT AS A TAX EXEMPTION

\_\_\_\_\_

ARE THERE ANY AGREEMENT SPECIFYING A CONTRIBUTION FOR THIS STUDENT'S EDUCATIONAL EXPENSES? \_\_\_ YES \_\_\_ NO

HOW MUCH PER YEAR \$ \_\_\_\_\_

NON-CUSTODIAL PARENT'S FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TELEPHONE  
NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

30) LIST ALL FAMILY CARS OWNED OR LEASED

1) \_\_\_\_\_ MAKE AND YEAR

2) \_\_\_\_\_ MAKE AND YEAR

3) \_\_\_\_\_ MAKE AND YEAR

IF MORE THAN THREE LIST ADDITIONAL CARS IN ITEM 31

CURRENT TOTAL CAR DEBT \$ \_\_\_\_\_

LIST ALL RECREATIONAL VEHICLES (BOATS, ETC.) OWNED OR LEASED

1) \_\_\_\_\_ MAKE AND YEAR

2) \_\_\_\_\_ MAKE AND YEAR

3) \_\_\_\_\_ MAKE AND YEAR

IF MORE THAN THREE LIST ADDITIONAL CARS IN ITEM 31

CURRENT TOTAL RECREATIONAL VEHICLE DEBT \$ \_\_\_\_\_

31) USE THIS SPACE TO EXPLAIN ALL SPECIFIED ITEMS AND ANY UNUSUAL CIRCUMSTANCES. IF MORE SPACE IS NEEDED, USE ADDITIONAL PAPER.



**10 C WORKSHEET -OTHER NONTAXABLE INCOME**

	2012	2018
INCOME EARNED ABROAD	\$ _____	\$ _____
INCOME FROM TAX EXEMPT SECURITIES	\$ _____	\$ _____
EARNED INCOME CREDITS	\$ _____	\$ _____
PAYMENTS TO TAX DEFERRED PENSIONS	\$ _____	\$ _____
AND SAVINGS PLANS (INCLUDE AMOUNTS WITHHELD FOR 401K AND 403B PLANS)		
HOUSEHOLD EXPENSES AND ANY MONEY PAID	\$ _____	\$ _____
BY SEPARATED OR DIVORCED SPOUSE IN LIEU OF CHILD SUPPORT CASH SUPPORT OR ANY MONEY		
PAID ON YOUR BEHALF	\$ _____	\$ _____
CASH ALLOWANCES FOR MILITARY, CLERGY, ETC.	\$ _____	\$ _____
ESTIMATED ANNUAL CASH VALUE OF HOUSING	\$ _____	\$ _____
AND OTHER BENEFITS PROVIDED FOR MILITARY, CLERGY, ETC.		
VETERANS' BENEFITS	\$ _____	\$ _____
WELFARE BENEFITS	\$ _____	\$ _____
OTHER UNTAXED INCOME AND BENEFITS.	\$ _____	\$ _____
INCLUDE EMPLOYEE PROVIDED UNTAXED INCOME FROM FRINGE BENEFIT PLANS		
<b>TOTAL</b>	\$ _____	\$ _____