

Financial Aid Application

2024-2025 School Year

Topanga Mountain School is committed to equitably distributing its financial aid budget to families with demonstrated need. In order to do so we request your cooperation in providing all the necessary data along with answers to the following questionnaire. This will provide us with critical information necessary to make an informed decision about your family's unique financial circumstances.

This form must be submitted by the February 9th deadline. <u>Late or incomplete submissions will not be considered.</u>

Scholarship monies will be allocated March 1st

Student's Name:	Grade in Fall 2024
Form Completed by:	
P	PRINT NAME
Relationship to Student:	
-	rted on this form, to the best of my knowledge rue, correct and complete.
Signature	Date
Checklist of Tax Documentation Req	uired
	nents for previous three months. Form "1040") with all accompanying schedules Form "1040") with all accompanying schedules
Self-employed individuals must also in	nclude the following forms, as appropriate:
Form K-1 if you are a sha	inpany is incorporated company is a Subchapter S Corporation reholder or partner (please note: if the partnership has this application's deadline date, please submit the

Family Profile				
Parents in home:				
Number of siblings:				
			_	
Names:	Age	School Attending	Cost of School	Tuition Paid
	I		1	
Please describe any rec	ent ch	anges in your family's s	ituation or any un	usual
		l like taken into conside		
Divorced or Separate If you are divorced, sepagreement.		nilies l, or never been married	please describe yo	our custody
Please describe any fin his/her siblings:	ancial	agreements for the payr	ment of education	for your child and

Family's Ability to Pay Tuition This question must be answered for the application to be considered. Financial Aid Amount Requested: _____ Resources available for the student annually to cover school costs: From parent(s) income/assets From relatives and friends \$_____ \$_____ From other sources Total amount available for school cost \$____ Do you: Own your Home or Rent Children's Activities and Care Please complete the following if your child and/or his/her siblings participate in before or after-school programs and indicate your expenses for these activities. Number of children Monthly Cost Day care _____ After-school care/program Summer School/Camp Club Sports activities Lessons: Type

A snapshot of your family's **monthly budget** helps paint a clearer picture of your family's true financial status. Please complete the following **monthly** budget. If you have irregular income (i.e. commissions) or expenses (i.e. insurance, vacations, etc.) please estimate a monthly breakdown

Income:	Monthly	Expenses:	Monthly
Father calary/wages \$		Mortgage/rent \$_	
Father salary/wages \$		Property taxes	
Mother caleny/yyears		Home repairs & maintenance	
Mother salary/wages		Housekeeper/Gardener _	
Dividends/interest		Household supplies	
Dividends/interest		Utilities _	
Rentals (gross)		Telephone	
Rentais (gross)		Auto lease/loan/repairs	
Spousal support		Auto Insurance	
Spousal support		Medical/dental insurance	
Child support		Medical & dental expenses	
		(other than insurance)	
Disability		Life Insurance	
		Groceries	
Unemployment		Eating out	
		Clothing	
Social Security		Entertainment _	
Social Security		Vacations	
Other Income:		Incidentals	
		Credit card payments	
Net monthly income \$		Child-care and activities	
		Tuition other than TMS	
Ψ	X 12 =	Other:	
		Net monthly expenses	
Net Annual Income \$	3	\$	
- I THE THE THE THE	·		X12=
		Net annual expenses \$	

Other Comments Please provide any other comments or other information, which would be pertinent to your application:

Return this completed form by February 9th

Topanga Mountain School

Attn: Admissions 5920 Shoup Avenue, Woodland Hills, CA 91367