

**APPLICATION FOR FINANCIAL ASSISTANCE**  
**for**  
**MORRISSEY-COMPTON EDUCATIONAL CENTER, INC.**

**INSTRUCTIONS for COMPLETING the APPLICATION.**

- 1) Submit the completed application answering each question completely and accurately along with as much detail as possible. This information will be held in strict confidence.
- 2) Attach copies of the most recent, current-year pay stub(s) showing gross pay and year-to-date deductions.
- 3) Complete and sign Form 4506 in the event that your tax records are needed to verify information.
- 4) If self-employed, attach **current** financial statements such as Profit and Loss and Income Statements.

Please provide as much documentation as possible. If there are extenuating circumstances or other factors you would like the committee to consider, please use the space provided at the end of this application or attach additional pages to explain.

**STUDENT'S NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**HOME TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_

**STUDENT LIVES WITH:** \_\_\_\_ Mother & Father, \_\_\_\_ Mother, \_\_\_\_ Father, \_\_\_\_ Other (please explain):  
(check one)

\_\_\_\_\_

\_\_\_\_\_

Preferred phone number to contact parent(s): \_\_\_\_\_

Please provide name and EMAIL address for best contact regarding follow-up questions related to this application.

\_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **HOW LONG EMPLOYED?** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**MONTHLY GROSS SALARY:** \$ \_\_\_\_\_ **NET:** \$ \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **HOW LONG EMPLOYED?** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**MONTHLY GROSS SALARY:** \$ \_\_\_\_\_ **NET:** \$ \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION: (please complete all questions)**

Number of members in the household? (Include all adults and minors) \_\_\_\_\_

Ages of dependent children \_\_\_\_\_ Single parent household? (Y/N) \_\_\_\_\_

Please list the make, model and year of all transportation vehicles you have in your possession.

	Balance of amount owed	Fair Market Value
1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____

**INCOME - Per Month**

List all sources of income, including any funds that may be provided by extended family, friends, income from property and/or investments, Child Support and/or Social Security payments.

Please list your average NET **income per month**:

TOTAL COMBINED SALARY(ies)\$ \_\_\_\_\_

INTEREST INCOME \$ \_\_\_\_\_

INCOME from INVESTMENTS \$ \_\_\_\_\_

CHILD SUPPORT (income) \$ \_\_\_\_\_

SUPPORT from FAMILY \$ \_\_\_\_\_

How much? \_\_\_\_\_  
How often? \_\_\_\_\_

OTHER INCOME (please list) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME per month \$ \_\_\_\_\_**

**EXPENSE - Per Month**

List all expenses that apply, which occur **each month**

HOUSING (rent or mortgage(s)) \$ \_\_\_\_\_

UTILITIES \$ \_\_\_\_\_

CAR PAYMENT(s) \$ \_\_\_\_\_

INSURANCE PAYMENTS \$ \_\_\_\_\_

TUITION (Academic) PAYMENTS \$ \_\_\_\_\_  
(other than MORRISSEY-COMPTON)

CHILD SUPPORT (expense) \$ \_\_\_\_\_

FOOD \$ \_\_\_\_\_

LOAN PAYMENTS \$ \_\_\_\_\_

What type of loan? \_\_\_\_\_  
Balance owed \_\_\_\_\_

CREDIT CARD PAYMENTS \$ \_\_\_\_\_

Amt. Of credit-card debt:\$ \_\_\_\_\_

Pay full bal. monthly? Yes NO

OTHER (please list) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSE per month \$ \_\_\_\_\_**

Value of retirement account(s) \$ \_\_\_\_\_ Value of other investment(s) \$ \_\_\_\_\_ Balance in Savings acct(s)? \_\_\_\_\_

If you own your home, what is the estimated current value? \_\_\_\_\_ How long have you owned your home? \_\_\_\_\_

If you own your home, when did you last re-finance? \_\_\_\_\_ What is the balance of your home loan(s): \$ \_\_\_\_\_

If any adult member of the household is not employed, please explain what prevents you from being employed:

Can anyone from the extended family help with the expense for academic services? \_\_\_\_\_

Of the full cost for services, what portion do you estimate that you can pay? \$ \_\_\_\_\_

Please use this space for any additional information you wish to supply that has not been addressed that you wish to convey to the Financial Aid Committee (attach additional page(s) if necessary). Please keep this information factual and financial in nature.

I freely give my permission for an authorized representative of MORRISSEY-COMPTON to verify that the information provided in this form is true and can be substantiated through a review of my financial records.

By signing this application, I acknowledge the foregoing is true and accurate to the best of my knowledge. Falsifying information on this document may result in the immediate revocation of any funding by MORRISSEY-COMPTON EDUCATIONAL CENTER.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_