



Application for Financial Aid for Travel Programs
CONFIDENTIAL

Ashley Hall is able to provide limited, need-based financial assistance for deserving students to participate in a chosen School Travel Program. Assistance is allocated, in the best judgment of the Financial Aid Committee, to families who request and demonstrate the need for financial aid. All assistance should be considered supplementary, as financial assistance cannot cover full Travel Program fees and in most cases does not include airfare. Note that financial aid for travel programs is limited to one trip per student for 4th-6th grade, one trip for 7th-9th grade, and one trip for 10th-12th grade.

Families of students requesting financial aid must complete this form in its entirety. For families already receiving financial aid, please omit sections 2-5. The parent or guardian must provide all information requested. Information provided on this form is made available only to School personnel directly involved with granting assistance, and its contents will remain confidential.

1. To Be Completed by Parents or Guardians	Estimate of Need (Must be completed in order to be considered)
Travel Program Requested: _____	
_____	\$ _____ Total Cost of Travel Program
Student's Name _____ Date of Birth _____	(amount to be paid to School as announced by Travel Leader)
_____	\$ _____ Maximum amount you can provide
Permanent Home Address _____	\$ _____ Aid to be received from other sources
City _____ State _____ Zip _____	(for example, "\$100 from grandparent")
_____	\$ _____ Amount of aid requested
Telephone _____	

REMINDER:

Financial assistance should be considered supplementary, as funds are limited. The program does not award full tuition for any Travel Program and other travel expenses are not included.

2. (#2-5 to be completed by families not currently receiving financial aid from Ashley Hall)

Father's Name _____	Mother's Name _____
Street Address (if different from student) _____	Street Address (if different from student) _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone (Area Code) _____	Telephone (Area Code) _____
Father's Occupation/Employer _____	Mother's Occupation/Employer _____
Employer's Address _____	Employer's Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

PLEASE CONTINUE ON BACK

3. To Be Completed by Parents or Guardians		Annual Income & Expenses (As reported on last Federal Income Tax Return)	
\$ _____	Father's annual income before taxes	\$ _____	Emergency expenses (medical, etc.)
\$ _____	Mother's annual income before taxes	\$ _____	Federal, State, Social Security taxes
\$ _____	Additional annual income	\$ _____	Total Major Expenses (B)
\$ _____	Cash on hand and in banks		
\$ _____	Total Income (A)	\$ _____	Net Income (=A-B)

4. Other Assets (As reported on last Federal Income Tax Return)

1. Please list all automobiles owned by you or other members of your family.

Year	Make	Model	Value	Registered Owner
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

2. Market Value of your house and other real estate \$ _____
 Unpaid mortgage on house and other real estate \$ _____

5. Dependent Children in Your Family (Residing at home or away at college)

Child's Name	Age	School/College Attending	Annual Amount of School Cost Paid	Amount of Educational Aid Received by Parents
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Personal Statement (Please describe any unusual expenses or circumstances you feel should be known to the Financial Aid Committee. You may attach additional sheets if necessary. All information will remain confidential.)

I declare the information provided herein is complete and accurate.

 Father's/Guardian's signature

 Mother's/Guardian's signature