

CONFIDENTIAL

CAROL NURSERY SCHOOL
FINANCIAL AID INFORMATION/APPLICATION
2011-2012 School Year

Name: _____ Child's Name _____

Address: _____ Class Requesting Aid for: _____

_____ Home Phone #: _____

Adjusted Gross Income: _____
(please attach 2010 form 1040)

Number of Dependents: _____

Exemptions taken for Dependents: _____

Special Expenses:

Medical: _____

Disability: _____

Casualty: _____

Education: _____

Other: _____

Signature

Date