Rock Point School

One Rock Point Road, Burlington, Vermont 05408 Telephone (802) 863-1104 Fax (802) 863-6628

Application for Financial Aid

Name of Student:			_ Date of Birth: _	
Name of Other Dependent Child(ren)	Age	School or College	Amount of Tuition Paid by Parent	Amount of Aid Received by Parent
Please list all automobiles in your fa	mily (mak	e, model, year):		
Do you have any other commitment	s which sh	ould be considered in order to g	gain a fair estimate	of your financial
situation (mortgage payments, for ex	kample)? I	f so, please give details.		•
Father or Guardian's Emp	oloyment			
Name of Firm or Employer				
Mother or Guardian's Emp	oloyment			
Name of Firm or E	Employer			
Please give these amounts BEFORE	deduction	as for taxes, social security, etc.		
Father or Guardian's Earned	d Income			
Additional Income				
Mother or Guardian's Earned Income				
Additiona	l Income			
Other funds which might be applied			•	n insurance, aid
from relatives, etc.				·
How much financial aid do y	ou need in	Rock Point scholarship?		
How much c	an you co	ntribute, including loans?		
D	a:			
Date:	Signature:			