Confidential Financial Assistance Application

Cotting School

All information is treated confidentially, and details are not shared with other departments.

Parent/Guardian Last Name	First Name	Home Phone	Address
Other Parent/Guardian Last Name	First Name	Home Phone	Address

Please provide current annualized income for each adult in your household:

Yourself $_____

Spouse $_____

Number of dependents in your household:___

Student for whom you are requesting fee assistance or payment plan:

		Check each box that may apply to your request for assistance:				
Last Name	**First Name**	**Sports (Soccer/Basket-ball/Track/Base-ball/Cheerleading/ Boosters)**	**Supplemental Service (Please list specific activity)**	**Other***	**Amount of Aid Requested**	**Deferred Payment Plan**

**"Other" would include Cotting school trips and other school related fees not specifically listed.*

Please provide any Information about changes in family status, unforeseen medical problems, changes in employment status, or other emergencies or temporary hardships that impact your need for financial assistance.

Supporting documentation may be requested by Cotting's Business Office

An adult household member must sign the application.

I certify (promise) that all information included with this application is true.

Sign here: _____ Print name:_____

EMAIL COMPLETED FORM TO: Cotting School's CFO Andrea Szekely-Hill at **aszekelyhill@cotting.org**
Decisions regarding financial assistance will be communicated by the Business Office and remain confidential.