

Ruth Murdoch Elementary School & PMC

Application for Financial Aid

Year _____

Rec. RMES _____

Date _____

PARENT/GUARDIAN INFORMATION:

Please fill in the information about the parent(s)/guardian(s) that are financially and legally responsible for the student and with whom the student resides. *(please print)*

FATHER's Name _____
Guardian's Name _____
Guardian's Relationship _____
AU ID# _____
Street Address _____
Town/City _____
State _____ Zip Code _____
Home Phone () _____
Occupation _____
Church Membership _____
Andrews University Student? Y ___ N ___
Full Time Student ___ Part-Time Student ___
If Yes, which school(s)? _____

Employed by _____
Full Time Employee ___ Part-Time Employee ___
Marital Status: Married ___ Divorced* ___
Separated* ___ Widowed ___

**If Parents of the student(s) are divorced or separated, please fill in the following information concerning the other parent.*

Name _____
Street Address _____
Town/City _____
State _____ Zip Code _____
Home Phone () _____
Occupation _____
Employer _____
Business Phone () _____

MOTHER's Name _____
Guardian's Name _____
Guardian's Relationship _____
AU ID# _____
Street Address _____
Town/City _____
State _____ Zip Code _____
Home Phone () _____
Occupation _____
Church Membership _____
Andrews University Student? Y ___ N ___
Full Time Student ___ Part-Time Student ___
If Yes, which school(s)? _____

Employed by _____
Full Time Employee ___ Part-Time Employee ___
Marital Status: Married ___ Divorced* ___
Separated* ___ Widowed ___

**If Parents of the student(s) are divorced or separated, please fill in the following information concerning the other parent.*

Name _____
Street Address _____
Town/City _____
State _____ Zip Code _____
Home Phone () _____
Occupation _____
Employer _____
Business Phone () _____

IMPORTANT NOTE: Please include a photocopy of your previous year's U.S. and State Income Tax Forms with W2's or equivalent papers. Financial aid will NOT BE CONSIDERED without these forms!

STUDENT INFORMATION: (please print)

Student's Name (last, first, middle)	First Student	Second Student	Third Student
AU ID #			
Birth Date			
Age			
Sex			
Grade Entering			
Country of Birth			
Country of Citizenship			
Student is Living with: (Father/Mother/Legal Guardian)			
Church Membership			
RMES Student Last year? (yes/no)			
Educational Resources- Dollar Amount (endowment, trusts, etc.)			

Brothers & Sisters not attending RMES (Name)	Age	School Attending	School Cost for One Year	Amount paid by Parents	Student Aid Received

ASSETS OF PARENTS- WRITE "NONE" IN THE LINES BELOW IF IT IS NOT APPLICABLE
(All lines must have a response!)

		Present Market Value
Home (purchase price \$_____)		\$ _____
Investments (stocks, bonds, other securities)		\$ _____
Business (include your share of all business assets)		\$ _____
Other real estate (property, second home)		\$ _____
Cash, savings, checking accounts		\$ _____
Motorized Vehicle	make _____ model _____ year _____	\$ _____
(purchase price \$_____)		
Motorized Vehicle	make _____ model _____ year _____	\$ _____
(purchase price \$_____)		
Motorized Vehicle	make _____ model _____ year _____	\$ _____
(purchase price \$_____)		
Trailer, Camper or Boat	make _____ model _____ year _____	\$ _____
(purchase price \$_____)		
Other Assets _____, _____, _____		\$ _____
		TOTAL \$ _____

MONTHLY INCOME		MONTHLY EXPENSES			
		Monthly Expenses	Original Amount	Balance Due	Monthly Payment
Wages		Home (mortgage or rent)	\$ _____	\$ _____	\$ _____
Part-Time Work		Motorized Vehicles			
Social Security		Motorized Vehicles			
Pension		Trailers, Campers or Boats			
Child Support		Utilities			
Investments		Telephone			
Welfare Benefits		Insurance			
Food Stamps		Credit Cards			
Veterans Benefits		Medical			
Other Income		Food			
Educational Assist. (Grants, Pell, GSL, etc.)					
TOTAL	\$ _____	TOTAL	\$ _____	\$ _____	\$ _____

PARENT/GUARDIAN:

We would like to send our child/children to Ruth Murdoch Elementary if sufficient aid is available. We can sacrificially pay \$_____ for the school year of _____, with the first monthly payment of \$_____ to be paid at registration. We assume responsibility of the remaining portion of the bill after any student labor (if applicable) and aid are credited. We also understand that the remaining balance, after our initial payment and any other authorized charges, will be split into nine equal payments (September - May, unless alternative financial plans have been approved by the school).

We certify that all information in this application is true and correct to the best of our knowledge. **We further understand that forfeiture of financial aid will occur** if we **1)** do not make an annual request for aid with appropriate documentation **2)** maintain our monthly payment schedule **3)** demonstrate quarterly academic diligence and maintain average or above average grades **4)** uphold satisfactory attendance and citizenship and **5)** participate actively in any Home & School activities sponsored by the school.

If all criteria for the award are met, financial aid will be awarded equally ***into two credits?*** which should occur on the February and May statements. If a student leaves school prior to the conclusion of the school year, tuition, as well as financial aid, will be prorated on the number of days in attendance.

Any additional charges (Music, Extend-Ed, etc.) to a student’s account may be restricted or forbidden if the account is not kept current.

Financially Responsible Parent/Legal Guardian:

(Print Name) (Sign Name) (Date)

Witness to Above Signature: (relationship - _____)

(Print Name) (Sign Name) (Date)

I agree to have part of the funds from any Andrews University account put towards the outstanding balance from my child/children at Ruth Murdoch Elementary School. This commitment is for the following semester(s) in the amount of:

Fall \$_____ Spring \$_____ School Year _____

I realize that this arrangement may prevent or delay any cash withdrawals or refunds of my University account until the amount agreed upon has been transferred to my child’s account. If aid is not sufficient to cover my expenses plus the Elementary debit, my child’s registration/attendance may be affected unless other acceptable arrangements can be made. I understand verification of loans with AU Student Financial Services is necessary.

Parent’s Name _____ AU ID _____
Child’s Name _____ AU ID _____
_____ AU ID _____
_____ AU ID _____

Parent’s Signature _____ Date _____

Student Account Manager’s Signature _____ Date _____