SAM FOX SCHOOL OF DESIGN & VISUAL APTS

To be completed by parents or legal guardians of student applying for scholarship assistance.

1.	Student's name:		first		
	Program applying to:			middle	
2.	Parents or Legal Guardia	ins:			
Naı	ne:	first		Name:	rst
Titl	e/occupation:			Title/occupation:	
Em	Employer:			Employer:	
Is t	his person a custodial paren	t/legal guardia	m? □ Yes □ No	Is this person a custodial parent/legal guardian? \square Yes \square No	
3.	Dependents: (Include app	licant. Use pa	rt two of this form if you n	eed additional space.)	
	Name	Age	Relationship to parent	Name of School and grade level	Annual tuition, less financial assistance if applicable

4. Family annual income and assets:

If parents are married and file a joint return, enter total for both in first column. If parents file separately and both have custody, complete both columns. All information is completely confidential.

	Parent 1 or both (circle one)	Parent 2 (if separate return)
Adjusted gross income from 2021 (or 2022 if filed already) income tax return:	\$	\$
Untaxed income not represented on 2021 (or 2022 if filed already) income tax return: (child support, alimony, Social Security, etc.):	\$	\$
Savings (not including retirement accounts):	\$	\$
Present market value of home, if owned:	\$	\$
Unpaid Mortgage:	\$	\$
Monthly house payment or rent:	\$	\$
Student income from employment (if applicable):	\$/month	
Assets in student's name (please describe):	\$	

Washington University in St. Louis



5. If necessary, please explain any circumstances not reflected by your application responses that would affect your ability to pay for the program.

6. **Tax return:** You MUST attach a copy of the completed 2021 (or most recent) federal tax returns for any custodial parent contributing to the applicant's educational expenses. Include the first two pages of the return and the Schedule A if deductions are itemized. We cannot accept a 2020 return. If you were not required to file a tax return in 2021, you must send official documentation explaining your income. The application for scholarship assistance cannot be considered until all of this material is received.

Signature: I certify that the information furnished in this application is correct to the best of my knowledge.

Signature of custodial parent or legal guardian:

Date:

Please fill out and attach all necessary forms and mail to this address or scan and email to <u>courtney.cushard@wustl.edu</u>: Courtney Cushard Washington University in St. Louis 1 Brookings Drive MSC 1213-209-105 St. Louis, MO 63130

