



200 Jackson Road  
Newton, Massachusetts 02458-1428  
617-969-1537

If you would like to learn more about Jackson School,  
please visit the school's website at  
[www.jacksonschool.org](http://www.jacksonschool.org).

**Financial Aid Application Form**

Application for School Year: 20\_\_\_\_ to 20\_\_\_\_

**Student Information**

Name: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street/City/State/Zip*

Home Phone: \_\_\_\_\_ Family E-Mail Address: \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_ Number of Children in Private Schools: \_\_\_\_\_

Amount of Financial Aid Requested: \_\_\_\_\_ Number of Children in College: \_\_\_\_\_

**Parent or Guardian Information**

Father's Name: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
*Last/First*

Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
*Last/First*

Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Total Combined Income: \_\_\_\_\_

Amount of Tuition Assistance from Other Sources: \_\_\_\_\_

**Parents' or Guardian's Signature**

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your most recent tax return. If unavailable, attach your most recent payroll stub or W-2 form (for each working parent). If parents file taxes separately, please attach both parents' tax returns.

If there are other circumstances affecting your finances at this time that should be considered when the school reviews this application, please provide details on the other side of this form.

**If you are a new applicant to Jackson School, please return this form with your other application materials.  
If you are a current student, please return this form to the school in the enclosed envelope.**