



Family Financial Information for Families **Paying Full Tuition**

Complete the other side if you are applying for financial aid.

Student's full name _____

Applying for what semester? Fall Spring Academic year? 20__

Person(s) responsible for paying bills should complete the applicable section below.

FOR TWO-PARENT/GUARDIAN HOUSEHOLDS ONLY:

We/I choose the semi-annual plan OR the 10-month plan.

Name _____ Relationship to student _____ Email _____

Home phone _____ Work phone _____ Cell phone _____

Name _____ Relationship to student _____ Email _____

Home phone _____ Work phone _____ Cell phone _____

Billing address _____

City _____ State _____ Zip _____

FOR DIVORCED, SEPARATED, OR NEVER MARRIED PARENTS/GUARDIANS ONLY:

1) I choose the semi-annual plan OR the 10-month plan and will pay _____% of the full tuition and fees.

Name _____ Relationship to student _____ Email _____

Home phone _____ Work phone _____ Cell phone _____

Billing address _____

City _____ State _____ Zip _____

2) I choose the semi-annual plan OR the 10-month plan and will pay _____% of the full tuition and fees.

Name _____ Relationship to student _____ Email _____

Home phone _____ Work phone _____ Cell phone _____

Billing address _____

City _____ State _____ Zip _____

Return this form with your application for admission to Maybeck.

Maybeck High School Family Financial Information

Request for Financial Aid

Student's full name _____

Applying for what semester? Fall Spring Academic year? 20__

- Check here if you own your own business or farm
- Check here if you have completed an SSS form for next year as part of you application to another school. **Please send a copy of the results to Maybeck.**

FOR TWO-PARENT/GUARDIAN HOUSEHOLDS ONLY:

A form will be sent to the person indicated below who is responsible for payment of tuition.

Name _____ Relationship to student _____ Email _____

Home phone _____ Work phone _____ Cell phone _____

Address _____

City _____ State _____ Zip _____

FOR DIVORCED, SEPARATED, OR NEVER MARRIED PARENTS/GUARDIANS ONLY:

Appropriate forms will be sent to each of the parties indicated below.

1) To be completed by parent/guardian who claims the student as a dependent on federal tax forms.

Name _____ Relationship to student _____ Email _____

Home phone _____ Work phone _____ Cell phone _____

Address _____

City _____ State _____ Zip _____

2) To be completed by parent/guardian who does **not** claim the student as a dependent on federal tax forms, if applicable.

Name _____ Relationship to student _____ Email _____

Home phone _____ Work phone _____ Cell phone _____

Address _____

City _____ State _____ Zip _____

If you have any questions about this form, contact Jim Montgomery or Shannon Majidy at the school: (510) 841-8489.

1 F-Aid Packet sent by _____ on _____

2 F-Aid Packet sent by _____ on _____