



STEPPING STONES EDUCATIONAL THERAPY CENTER

2025-2026 Financial Aid Application Form

STUDENT INFORMATION

Enter names exactly as they appear on tax/official forms.

Student Name (First, Middle, Last)

Student Social Security Number

Student Date of Birth

Applicant lives with (circle ONE): Parent/Guardian A and B

Parent/Guardian A

Parent/Guardian B

Other (please identify): _____

PARENT/GUARDIAN INFORMATION

Enter names exactly as they appear on tax/official forms.

PARENT/GUARDIAN A

Full Name (First, Middle, Last)

Address

City

State

Zip/Postal Code

Date of Birth

Phone Number

Primary Email Address

Name of Employer

Years with Employer

Occupation/Title

Additional Employment Information (if applicable)

PARENT/GUARDIAN B

Full Name (First, Middle, Last)

Address

City

State

Zip/Postal Code

Date of Birth

Phone Number

Primary Email Address

Name of Employer

Years with Employer

Occupation/Title

Additional Employment Information (if applicable)

DEPENDENT INFORMATION

Enter names exactly as they appear on tax/official forms.

Complete this section for all members of the household who are NOT applying for tuition assistance. A dependent is defined as an individual- child or adult- for whom you provide at least 50% of their financial support each year. Include children for whom you provide support, even if they do not live with you. If you have dependents who are not children, include them here. DO NOT add anyone to this section you have already identified as a Parent/Guardian or Applicant.

DEPENDENT #1

Name (First, Middle, Last)

Birthdate

DEPENDENT #2

Name (First, Middle, Last)

Birthdate

DEPENDENT #3

Name (First, Middle, Last)

Birthdate

DEPENDENT #4

Name (First, Middle, Last)

Birthdate

FAMILY INCOME

BASIC TAX INFORMATION

Have you completed your 2024 Tax Return? (Circle One) YES NO

Income tax filing status for 2024 (Circle One):

1. Single
2. Married, Filing Jointly
3. Married, Filing Separately
4. Head of Household
5. Did Not/Will Not File
6. Qualifying Widow(er) with Dependent Child
- 7.

If you DO NOT file income tax, please SIGN HERE: _____

Please submit a copy of your 2024 Tax Return. If you have not yet filed your 2024 tax return, please submit a copy of your 2023 tax return and all applicable 2024 W2s and 1099s.

TAXABLE INCOME

SALARIES AND WAGES

Total salaries and wages can be found in Box 1 of the W2 form given to you by your employer. If you have more than one W2, or have a 1099, add the amount from each form.

	2024	2025 (estimated)
Salaries and wages for Parent/Guardian A	\$	\$
Salaries and wages for Parent/Guardian B	\$	\$

OTHER TAXABLE INCOME

Please include all or other income received outside of salaries and wages. (i.e., Alimony, Social Security Benefits, Child Support, Investment Income, etc.)

Other Income Type	2024	2025 (estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

FAMILY ASSETS AND DEBTS

REAL ESTATE

	2024	2025 (estimated)
Amount of Rent/Mortgage Paid for entire year	\$	\$

Amount of Rent/Mortgage Paid for entire year on secondary property(ies)	\$	\$
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If you pay rent/mortgage on additional property(ies), please explain: _____

VEHICLES

Please provide the following information in all family vehicles owned or leased by your family

VEHICLE 1			
	Make	Model	Year
TYPE (circle one): Car Boat Other			
	Current Debt	Lease Cost	Notes
OWNERSHIP STATUS (circle one): Own Lease Other			
VEHICLE 2			
	Make	Model	Year
TYPE (circle one): Car Boat Other			
	Current Debt	Lease Cost	Notes
OWNERSHIP STATUS (circle one): Own Lease Other			
VEHICLE 3			
	Make	Model	Year
TYPE (circle one): Car Boat Other			
	Current Debt	Lease Cost	Notes
OWNERSHIP STATUS (circle one): Own Lease Other			

ADDITIONAL EXPENSES

Please estimate the costs of the following as they pertain to your household.

	2024	2025 (estimated)
Water, Sewer, Power	\$	\$
Food/Groceries	\$	\$
Insurance (non-medical)	\$	\$
Medical Expenses (including insurance)	\$	\$
Credit Card Payments	\$	\$
Other Housing or Student Related Expenses	\$	\$

If you listed other housing or student related expenses, please explain: _____

NOTE: Please feel free to attach any additional documents or written information necessary to complete the financial aid profile.

OTHER INFORMATION

Please provide any other information you believe is pertinent to your family's situation.

Fundraising and volunteering are a critical component in ensuring that the needs of the school are met. Would you and/or your family be willing to assist in fundraising efforts? If yes, please describe how you would be most comfortable in assisting. This can include volunteering in classrooms, helping in the office, facilitating fundraising efforts, and/or assisting with various school activities and events.

STATEMENT OF ACCURACY AND CHECKLIST

BY SIGNING THIS DOCUMENT, I:

- 1) **Certify that, to the best of my knowledge, the above information and accurate and reflective of the current financial situation of the financially responsible party.**
- 2) **Give Stepping Stones Educational Therapy Center permission to seek financial aid resources on behalf of my child/applicant.**
- 3) **Understand that I will receive a letter of financial aid award that will state the amount awarded, and the balance of tuition for which I will be financially responsible.**
- 4) **Understand that I must sign and return the financial aid award letter prior to receiving financial aid.**
- 5) **Understand that I may decline financial aid and withdraw my child's/applicant's application for enrollment.**
- 6) **Understand that if at any time I withdraw my child/applicant from Stepping Stones Educational Therapy Center, I forfeit my claim to any financial aid awarded.**

Signature of Parent/Guardian A: _____

Printed Name of Parent/Guardian A: _____

Date: _____

Signature of Parent/Guardian B: _____

Printed Name of Parent/Guardian B: _____

Date: _____

CHECKLIST

Application

2024 Tax Returns

**PLEASE RETURN ALL MATERIALS TO THE OFFICE
ADMINISTRATOR, DEENA DAVIS. THANK YOU!**