



## Application for Financial Aid

13250 South Outer 40 Road  
Town & Country, MO 63017  
Office: (636) 449-0647

### CONFIDENTIAL

PLEASE FILL OUT AND RETURN TO MEREDITH HEINTZ

### INSTRUCTIONS

1. PLEASE PRINT OR TYPE – be sure to complete all 3 pages of this application.
2. Please enclose a copy of your most recent Federal Individual Income Tax Return (Form 1040) with all supporting schedules. This information is required to process your application.
3. Your application must be postmarked by MAY 1st (unless otherwise notified). Late applications will be considered only if funds are available after other applications are processed.
4. MONTHLY CASH FLOW – Please fill in each line item accurately.
  - A. Income: List all income items as found on tax return and any nontaxable income (such as child support or Social Security Benefits).
  - B. Monthly Available Cash: This is Annual Net Income divided by 12.
  - C. Monthly Expenses: These are your monthly expenses, so some of the items may have to be averaged and some divided over 12 months.
    - a. Taxes – this is your real estate and personal property taxes divided by 12.
    - b. Car Payments – monthly payment for buying or leasing.
    - c. Auto Expenses – monthly car operating expenses.
    - d. Loan Repayments – monthly payments on loans other than home.
    - e. Investments/Savings – monthly savings including IRA's.
    - f. Other Tuition – payment for tuition to another school (NOT Zebra Camp).  
Enter annual amount divided by 12.
5. PERSONAL FINANCIAL STATEMENT – (typical of an asset form found at any bank).
  - A. Home- (Appraised value of your home).
  - B. Automobiles – Please list all owned autos, boats, or other vehicles and value.
  - C. Mortgage – Amount you owe on your home.
  - D. Net Worth – Total assets minus total liabilities.

FAMILY INFORMATION:

Father's Name\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Mother's Name\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

EMPLOYMENT INFORMATION:

Father's Employer\_\_\_\_\_

Occupation\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Mother's Employer\_\_\_\_\_

Occupation\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

PROPOSED Zebra Camp Student(s)

Name\_\_\_\_\_

Name\_\_\_\_\_

OTHER CHILDREN

Name\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_

State briefly why you want your child at Zebra Camp.

Describe your financial circumstances that have led you to make application for financial aid.

ALL BOXED AREAS MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED.

What do you see as being the most you can pay for Zebra Camp?  
\$ \_\_\_\_\_

MONTHLY CASH FLOW (See instructions on front cover)

INCOME		MONTHLY EXPENSES	
Annual Gross Wages – Husband	\$ _____	Tithe/Giving Mortgage/	\$ _____
Annual Gross Wages – Wife	_____	Rent	_____
OTHER INCOME	_____	Utilities	_____
Interest	_____	Taxes	_____
Dividends	_____	Food	_____
	_____	Clothing	_____
	_____	Car Payments	_____
	_____	Car Expenses	_____
		Other _____	_____
		Loan Repayments	_____
		Inv./Savings	_____
TOTAL GROSS INCOME	_____	Alimony/Ch. Supp.	_____
Less: Federal Income Taxes	_____	Medical	_____
FICA/Soc. Sec./State Taxes	_____	(not covered by insurance)	_____
ANNUAL NET INCOME	_____	Other Tuition	_____
MONTHLY AVAILABLE CASH	_____	Monthly Cash Exp.	\$ _____

STATEMENT OF FINANCIAL CONDITION AS OF _____, _____			
Cash in Bank	\$	Notes payable to Banks	\$
Cash in other Institutions	\$	Other notes payable	\$
Stocks/Bonds/Securities	\$	Accounts and bills due	\$
IRA, 401K, Retirement Fund	\$	Unpaid Income Tax	\$
Home (appraisal value)	\$	Mortgage – what you owe on home	\$
Other Assets – Itemize	\$	Other debts - Itemize	\$
	\$	(Car loan/credit cards, etc.)	\$
Automobiles/Vehicles list below			\$
Make                      Model Year			\$
	\$	Total Liabilities	\$
	\$	Net Worth	\$
	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

I have completed this form accurately and to the best of my ability with information currently available. I understand that if this form is not complete I will be asked to complete it before it can be processed, which may delay any financial aid allowance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Both parents need to sign this application, if applicable.