



**A Household Information**

Parent/Guardian A

1 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ Gender  M  F Date of Birth *mmddyy* \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  Home  Work  Cell Send correspondence via: (select one)  Mail  Email  
*SSS considers Parent/Guardian A the primary contact to whom correspondence will be sent.*  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years with company \_\_\_\_\_

Parent/Guardian B

1 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address same as Parent/Guardian A Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ Gender  M  F Date of Birth *mmddyy* \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  Home  Work  Cell  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years with company \_\_\_\_\_

2 Complete this item *only* if student applicants' parents are separated, divorced, or have never been married.  
 Never married  Divorced  Separated, no court action  Legally separated Is there a joint custody agreement?  Yes  No Year of divorce/separation \_\_\_\_\_  
Other parent's last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**B Student Applicant Information**

Complete this section for **each** child applying to an SSS subscriber school(s). See code list in instruction booklet.

Student A

3 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of birth *mmddyy* \_\_\_\_\_ Gender  M  F Grade student will enter in September 2010 \_\_\_\_\_  
4 Student lives with: (select one)  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other

Student B

3 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of birth *mmddyy* \_\_\_\_\_ Gender  M  F Grade student will enter in September 2010 \_\_\_\_\_  
4 Student lives with: (select one)  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other

Student C

3 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of birth *mmddyy* \_\_\_\_\_ Gender  M  F Grade student will enter in September 2010 \_\_\_\_\_  
4 Student lives with: (select one)  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other

5 Enter the complete name, state, and SSS code number of each school or organization to which this application is to be sent. If entering more than six (6) schools or organizations, complete the Additional School Request form in the instruction booklet. To receive a Family Report, use code 9000. See instructions for guidance.

School Selection

Student A	Student B	Student C	School Name	State	SSS code	Boarding or Day?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			<input type="checkbox"/> Boarding <input type="checkbox"/> Day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2			<input type="checkbox"/> Boarding <input type="checkbox"/> Day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3			<input type="checkbox"/> Boarding <input type="checkbox"/> Day

Student A	Student B	Student C	School Name	State	SSS code	Boarding or Day?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4			<input type="checkbox"/> Boarding <input type="checkbox"/> Day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5			<input type="checkbox"/> Boarding <input type="checkbox"/> Day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6			<input type="checkbox"/> Boarding <input type="checkbox"/> Day

**Family Income**

**6 Basic Tax Information**

- 6A Tax returns for current year (2009) are:  Completed  Estimated
- 6B Income tax filing status for 2009:  1. Single  2. Married, joint return  3. Married, filing separately  4. Head of household  5. Do not file
- 6C How many federal income tax exemptions did you or will you claim for 2009? \_\_\_\_\_
- 6D IRS total itemized deductions from IRS schedule A \_\_\_\_\_
- 6E Total federal tax paid (2009 IRS 1040 or 1040A) \_\_\_\_\_

**7 Total Taxable Income**

	2009	Estimated 2010
7A Salaries and wages for Parent/Guardian A in A1	\$ _____	\$ _____
7B Salaries and wages for Parent/Guardian B in A1	\$ _____	\$ _____
7C Taxable dividends and/or interest income from 1099 statement(s)	\$ _____	\$ _____
7D Alimony received or estimated (do not include child support)	\$ _____	\$ _____
7E Other taxable income	\$ _____	\$ _____
7F Untaxed portion of payments to IRA	\$ _____	\$ _____
7G Keogh plan payments and self-employed SEP deduction	\$ _____	\$ _____
7H Other IRS allowable adjustments to taxable income	\$ _____	\$ _____

**Business and/or Farm Details** Complete this section only if you own a business and/or farm (see instructions). Complete the SSS Business/Farm Statement if required by the school(s) to which you are applying.

- 7I Net profit/loss from business and/or farm (if loss, use parentheses around figures) \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 7J Select the owner of the business and/or farm: (select only one)  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B
- 7K Identify the kind of business and/or farm \_\_\_\_\_
- 7L Percentage of ownership \_\_\_\_\_ % **7M Business/Farm Assets** \$ \_\_\_\_\_ **7N Business/Farm Debts** \$ \_\_\_\_\_
- 7O Self-employment tax paid \$ \_\_\_\_\_

**8 Total Nontaxable Income**

8A Child support received for all children	\$ _____	\$ _____
8B Social security benefits for entire family	\$ _____	\$ _____
8C Other nontaxable income (complete the worksheet on page 4 of the PFS and enter totals here)	\$ _____	\$ _____

**9 Student Income and Assets** Enter information only for applicant(s) listed in Section B.

	Student A	Student B	Student C
9A Indicate student applicant earnings for 2009	\$ _____	\$ _____	\$ _____
Indicate student applicant estimated earnings for 2010	\$ _____	\$ _____	\$ _____
9B Did/will the student applicant file a federal tax return for 2009?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9C Student assets (see instructions)	\$ _____	\$ _____	\$ _____

**Family Assets and Debts**

	10A Year purchased	10B Purchase price	10C Total property insurance carried	10D Present market value	10E Unpaid principal on 1st mortgage	10F Annual payments on 1st mortgage										
10 Home (if owned)	_ _ _ _	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____										
10G Do you have a second mortgage on the home listed in 10?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
10H Do you have an equity loan on the home listed in 10?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
10I If so, describe the purpose of the second mortgage and/or equity loan in area 32.	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 10%;">10J Year of 2nd mortgage</th> <th style="width: 10%;">10K Year of equity loan</th> <th style="width: 10%;">10L Unpaid principal on 2nd mortgage/equity loan(s)</th> <th style="width: 10%;">10M Annual payments on 2nd mortgage/equity loan(s)</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>							10J Year of 2nd mortgage	10K Year of equity loan	10L Unpaid principal on 2nd mortgage/equity loan(s)	10M Annual payments on 2nd mortgage/equity loan(s)		_ _ _ _	_ _ _ _	\$ _____	\$ _____
	10J Year of 2nd mortgage	10K Year of equity loan	10L Unpaid principal on 2nd mortgage/equity loan(s)	10M Annual payments on 2nd mortgage/equity loan(s)												
	_ _ _ _	_ _ _ _	\$ _____	\$ _____												
	100 Number of locations	10P Total purchase price	10Q Total property insurance carried	10R Present market value	10S Unpaid principal on 1st mortgage	10T Annual payments on 1st mortgage										
10N All other real estate (see instructions)	_ _ _ _	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____										
					<b>2009</b>	<b>Estimated 2010</b>										
11 If you rent your family residence, provide total amount of annual rent you paid for 2009 and what you estimate for 2010	\$ _____					\$ _____										

**Vehicles**

- 12** List all family cars (if more than three cars are owned or leased, list additional cars in area 32).
- |  |  |   |
|--|--|---|
|  | <b>Current debt</b>  | <b>Annual lease cost</b>                |
| 1. (make, model, year) _____           | <input type="checkbox"/> Provided by employer/business <input type="checkbox"/> Own \$ _____ | <input type="checkbox"/> Lease \$ _____ |
| 2. (make, model, year) _____           | <input type="checkbox"/> Provided by employer/business <input type="checkbox"/> Own \$ _____ | <input type="checkbox"/> Lease \$ _____ |
| 3. (make, model, year) _____           | <input type="checkbox"/> Provided by employer/business <input type="checkbox"/> Own \$ _____ | <input type="checkbox"/> Lease \$ _____ |
| <b>Total annual lease/car expenses</b> | <b>\$</b> _____  | <b>\$</b> _____                         |
- 13** List all boats and other recreational vehicles owned or leased (if more than one vehicle, list additional vehicles in area 32).  
 (make, model, year) \_\_\_\_\_  Own \$ \_\_\_\_\_  Lease \$ \_\_\_\_\_

**Other Assets/Debts**

- 14** Bank accounts—total of parents' checking and savings (interest-bearing and noninterest bearing) accounts ..... \$ \_\_\_\_\_
- 15** Investments—net value (stocks, bonds, mutual funds, etc.—see instructions) ..... \$ \_\_\_\_\_  
 Do not include value of pensions, retirement plans, IRA's, SEP's, or Keoghs.
- 16** Debts (see list of acceptable debts in the instructions) ..... \$ \_\_\_\_\_
- 16A** Amount in 16 planned to be paid during 2010 ..... \$ \_\_\_\_\_
- 17** Consumer debts (see instructions) ..... \$ \_\_\_\_\_

**E Additional Family Information**

**Educational Expenses**

- 18** How many children, including the student applicant(s), are/will be receiving support from you in 2010? \_\_\_\_\_
- 19** How many children entered in question 18 will be attending full-time childcare, tuition-charging preschools, schools, or colleges in 2010–2011? \_\_\_\_\_
- For items 20 and 21, please provide information below for all children. Enter first and last names. The number of children should be the same as entered in item 18. List student applicants first, in the same order as in Section B (A, B, and C). List all children, those applying for aid and those not applying for aid. Continue in area 32 if necessary.

**20 Current Year (2009–2010)**

A. Full name	B. Name of current child care, preschool, school or college (2009-2010)	C. Grade/year in school or college	D. Age	E. Cost of child care, preschool, school or college	List the amount from each source used to pay this year's tuition (20E):				
					F. Parent or Guardian	G. Financial aid award	H. Loan	I. Student's assets & earnings	J. Friends, relatives, trust funds, & other sources explain in 32
1. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**21 Next Year (2010–2011)**

A. Full name	B. Name of child care, preschool, school or college to be attended (2010-2011)	C. Grade/year in school or college	D. Living w/ person filing	E. Check appropriate 2010–2011 boxes	F. Have/will apply for aid	Estimate the amount available from each source to pay next year's tuition:				
						G. Parent or Guardian	H. Financial aid award	I. Student's assets & earnings	J. Friends, relatives, trust funds, & other sources explain in 32	
1. _____	_____	_____	<input type="checkbox"/>	Child care <input type="checkbox"/> Public school <input type="checkbox"/> Private school <input type="checkbox"/> College <input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	
2. _____	_____	_____	<input type="checkbox"/>	Child care <input type="checkbox"/> Public school <input type="checkbox"/> Private school <input type="checkbox"/> College <input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	
3. _____	_____	_____	<input type="checkbox"/>	Child care <input type="checkbox"/> Public school <input type="checkbox"/> Private school <input type="checkbox"/> College <input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	
4. _____	_____	_____	<input type="checkbox"/>	Child care <input type="checkbox"/> Public school <input type="checkbox"/> Private school <input type="checkbox"/> College <input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	

- 22** How much can you afford for educational expenses for the 2010–2011 academic year for each student applicant? Do not leave blank.
- |       |                  |                  |                  |
|-------|------------------|------------------|------------------|
|       | <b>Student A</b> | <b>Student B</b> | <b>Student C</b> |
| ..... | \$ _____         | \$ _____         | \$ _____         |
- 23** How much can you afford for educational expenses for the 2010–2011 academic year for all students listed in item 20? Do not leave blank.
- |       |                           |
|-------|---------------------------|
|       | <b>All students total</b> |
| ..... | \$ _____                  |

**Other Expenses**

- |   |             |                       |
|---|-------------|-----------------------|
|   | <b>2009</b> | <b>Estimated 2010</b> |
| <b>24</b> Total medical/dental expenses not reimbursed by insurance companies.....  | \$ _____    | \$ _____              |
| <b>24A</b> Total paid for medical/dental insurance plans .....  | \$ _____    | \$ _____              |
| <b>25</b> Unusual expenses (see lists of acceptable and nonacceptable expenses in the instructions).....  | \$ _____    | \$ _____              |
| <b>26</b> Total employment-related child care expenses .....  | \$ _____    | \$ _____              |
| <b>27</b> Is there an employee retirement plan for: Parent/Guardian A? <input type="checkbox"/> Yes <input type="checkbox"/> No    Parent/Guardian B? <input type="checkbox"/> Yes <input type="checkbox"/> No        |             |                       |
| <b>28</b> Face value of parents' life insurance policies: <input type="checkbox"/> Term life <input type="checkbox"/> Whole life <input type="checkbox"/> Universal life <input type="checkbox"/> Single-Premium Life | \$ _____    |                       |
| <b>29</b> Annual cost of clubs requiring dues over \$250 in 2009.....   | \$ _____    |                       |
| <b>30</b> Costs of camps and lessons in 2009.....   | \$ _____    |                       |
| <b>31</b> Costs of vacations in 2009.....   | \$ _____    |                       |

# Nontaxable Income Worksheet

**8C Schedule—other nontaxable income breakdown/detail. Complete this schedule for item 8C:**

	2009	Estimated 2010
Payment to tax-deferred pension and savings plans as reported on W-2 forms(s). Include amounts withheld from earnings for qualified retirement plans, such as 401(k) and 403(b) plans. Do <i>not</i> report amounts entered in 7F. . . . .	\$ _____	\$ _____
Pretax contribution or employer-provided untaxed income from fringe benefit plans ( <i>cafeteria or 125 plans</i> ). . . . .	\$ _____	\$ _____
Cash support, gifts, or money paid on your behalf ( <i>from relatives or non-relatives</i> ). . . . .	\$ _____	\$ _____
Household expenses and any money paid by separated or divorced spouse in lieu of child support. . . . .	\$ _____	\$ _____
Housing, food and other living allowances ( <i>excluding rent for low-income housing</i> ) paid on your behalf or to you as a member of the military, clergy, or other occupation ( <i>including cash payments and cash value of benefits</i> ), or contributions to your household income provided by other non-dependent members. . . . .	\$ _____	\$ _____
Earned income credits, welfare benefits, veterans benefits, workers compensation . . . . .	\$ _____	\$ _____
Income from tax-exempt investments . . . . .	\$ _____	\$ _____
Income earned abroad ( <i>Foreign Income Exclusion, IRS Form 2555, or 2555EZ</i> ). . . . .	\$ _____	\$ _____
Other untaxed income and benefits not included above. . . . .	\$ _____	\$ _____
<b>Totals</b>	\$ _____	\$ _____

Enter these totals in PFS item 8C for 2009 and 2010.

**32** Use this space to explain all circled items with an entry other than zero (0) and any unusual circumstances or expenses. Schools may be unable to grant financial assistance without an explanation of circled items. **Once completed, please send your PFS application, payment and one copy of any letters, tax forms, or other supporting documentation directly to: School and Student Services By NAIS, Application Processing Center, P.O. Box 449, Randolph, MA 02368-0449 USA.**

## PARENTS' CERTIFICATION, AUTHORIZATION AND PAYMENT

We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive any financial aid and/or our ability to maintain a contract with a school. We authorize transmittal of this form and the information within it to the schools and organizations named in item 5 and its use by School and Student Services By NAIS and its third party service providers. The SSS, its third party service providers, and any of the schools and organizations designated by us in item 5 to receive copies of this information have our permission to verify the information reported, and we understand and agree that this verification may include the disclosure of personal and financial information, such as an official copy of our latest income tax return and/or a signed IRS Form 4506. **If you do not agree to the above, please do not submit your PFS.**

By signing this form and sending your check for payment, you authorize SSS to make a one-time electronic debit to your bank account, as detailed in the PFS instruction booklet. Make check or money order for \$42 payable to *School and Student Services By NAIS*. If you received a Fee Waiver, please enter the Waiver Number below.

**Payment**

Payment Method:  \$42 Check/Money Order  Fee Waiver \_\_\_\_\_  
Waiver Number

**Parent/  
Guardian A**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/  
Guardian B**

Signature \_\_\_\_\_ Date \_\_\_\_\_

