

228 West Market Street, Newark, New Jersey 07103-2715 (973) 622-1613 fax (973) 622-1128 www.svanj.org

## THIS FORM MUST BE COMPLETED BY THE PARENTS OR GUARDIANS OF THE STUDENT

Occupation:			
cupation:			
: Occupation:			
	(Zip Code)		
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School Now At	tending:		
2024	2025		
	2025		
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<b>2024</b> \$\$	<b>2025</b> _ \$ \$		
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C) <u>Pa</u>	rents' or Guardians' Assets and Indebto	<u>eaness</u>				
1.	Do you own your own home?		□yes	□No		
	Year Purchased:	Purchase Price: \$				
	Present Market Value: \$	Unpaid Mortgage: \$		_		
2.	Do you own other real estate?		☐ Yes	□No		
3.	Total value of other investments, savings: \$_					
4.	Do you have significant outstanding debts?		☐ Yes	□No		
	If yes, please list below the nature and amou	nt of each:				
D) <u>N</u>	eed for Financial Assistance for High Sc	hool Tuition				
lease use this space to explain any circumstances which may further support your need for financial aid:						
E) <u>**</u>	You must attach a 2024 IRS Income Tax	Return Transcript AN	ND your W	/-2 form(s) or		
etter	providing proof of income from unemp	oloyment, disability, c	hild suppo	ort, public		
ssist	ance, or Social Security.**		•			
	(Please visit <a href="https://www.irs.gov/individuals">https://www.irs.gov/individuals</a>	/get-transcript to reques	t Income Ta	y Return Transcrint)		
	(Trease visit <u>Inteps.//www.ii.s.gov/interviadais</u>	reques	e income re	ix netam Transcript		
Ι(V	VE), DECLARE THAT THE INFORM	ATION REPORTED	HERE IS	TRUE CORRECT		
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	AND	COMI LETE.				
			Sign	ature of Parent/ Guardian		
				Print Name Hero		

Application must be completed and returned by December 9, 2025.