

# Application Form

APPLICATION PREVIEW

2020-2021

## Applicant

Required fields are marked with \*

Prefix

\* Legal First Name

Middle Name

\* Last Name

Suffix

\* Country

\* Address Line 1

Address Line 2

\* City

\* State

\* Zip Code

\* County of Residence

Daytime Phone

Ext

Evening Phone

Ext

Cell Phone

\* Email Address

\* Social Security Number 

\* Date of Birth

\* Marital Status

\* Relationship to Student(s)

\* Employment Status

\* Do you have a Co-Applicant? 

Yes

No

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APPLICATION PREVIEW

2020-2021

## Co-Applicant

Required fields are marked with \*

Prefix

\* Legal First Name

Middle Name

\* Last Name

Suffix

\* Social Security Number 

\* Date of Birth

\* Relationship to Student(s)

\* Employment Status

## Application Form

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## Students

Required fields are marked with \*

## ▼ Preview Student

Delete

Noble Academy

\* Legal First Name

Preview

Middle Name

\* Last Name

Student

\* Social Security Number

\* Date of Birth

MM/DD/YYYY

\* Is this student applying for financial aid?

 Yes No

## Schools

Please select the school(s) and organization(s) where your student would like to apply in the 2020-2021 school year.

 Noble Academy\* Grade  ▼ for 2020-2021[+ Add New School](#)

\* What type of school did this student attend in the 2019-2020 school year?

 ▼

\* How much of this child's tuition can you and/or the co-applicant pay?

 per year

\* Do you share tuition responsibility for this student with an individual not included on this application?

 Yes No

\* Is this student applying for a state funded scholarship or voucher program?

 Yes

No

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## Taxable Income

Required fields are marked with \*

## Household

\* Number of adults living in this household? ⓘ

Select... ▼

\* Number of children living in this household?

Select... ▼

## Taxable Income

\* Does the applicant receive income reported on a W-2?

- Yes  
 No

\* Does the co-applicant receive income reported on a W-2?

- Yes  
 No

\* Does the applicant file a U.S. Federal Income Tax Return?

- Yes  
 No

\* Applicant's adjusted gross income from the most recent tax return ⓘ

\* Does the co-applicant file a U.S. Federal Income Tax Return? ⓘ

- Yes - files jointly  
 Yes - files separately  
 No

\* Co-Applicant's adjusted gross income from the most recent tax return ⓘ

Do you own any of the following?

- Business  
 Rental Property  
 Partnership  
 Farm  
 S Corporation  
 Estates and Trusts

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APPLICATION PREVIEW

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### Nontaxable Income

Required fields are marked with \*

If you collect any nontaxable income, please select it below.

Alimony Received 

per

Child Support

per

Temporary assistance for needy families (TANF)

per

Welfare

per

Supplemental Nutrition Assistance Program (SNAP)

per

Tuition support from friends/relatives/employers 

per

Workers' Compensation

per

Housing Allowance (Military, Religious, Parsonage, etc.)

per

Tax-Exempt Interest

per

Other Nontaxable Income (e.g. Foster Care Allowance, VA Benefits, etc.) 

per

Other Nontaxable Income - Description

### Social Security

If household members collect nontaxable social security income, please select it below.

Applicant Name

per

Co-Applicant Name

per

Preview Student

per

Student Name

per

Other Household Members

per



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APPLICATION PREVIEW

2020-2021

## Change of Income

Required fields are marked with \*

\* Do you anticipate a decrease in your annual income for 2020?

- Yes  
 No

\* What is your anticipated 2020 income?

\* What is the co-applicant's anticipated 2020 income?

\* Select the reason(s) for your reduced income (Select all that apply)

	Applicant	Co-Applicant
Unemployment or expected to be unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Reduced hours	<input type="checkbox"/>	<input type="checkbox"/>
Reduced wages	<input type="checkbox"/>	<input type="checkbox"/>
Exiting the workforce	<input type="checkbox"/>	<input type="checkbox"/>
Legal separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>
Plan to retire	<input type="checkbox"/>	<input type="checkbox"/>
Medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
Death of a spouse	<input type="checkbox"/>	<input type="checkbox"/>
Increase in family size	<input type="checkbox"/>	<input type="checkbox"/>
Loss of alimony or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
Military reasons	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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APPLICATION PREVIEW


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## Monthly Expenses

Required fields are marked with \*

\* Do you rent or own your primary residence? 

\* Monthly rent or mortgage payment (include principal, interest, taxes, and home insurance) 

\* Do you own a second home (not including rental property)? 

Yes

No

\* What is the monthly mortgage payment on your second home (include principal, interest, taxes, and home insurance)

\* Monthly home equity loan payments

\*Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

YEAR

MAKE/MODEL

MONTHLY PAYMENT






 Add New Vehicle

## Credit Cards and Other Loans

\* Total Credit Card Debt 

\* Total of all minimum amounts due on monthly credit card statements 

\* Monthly student loan payments for family members no longer attending college 

\* Do you have other monthly loan payments (do not include cell phone, utilities, or other living expenses)? 


Yes

No

LOAN CREDITOR

MONTHLY PAYMENT




\* Monthly alimony payments 

\* Monthly child support payments 

\* Health insurance premiums paid per month

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APPLICATION PREVIEW

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## Annual Expenses

Required fields are marked with \*

\* Annual vehicle insurance expense

\* Total annual out-of-pocket medical expenses not paid by insurance

\* Charitable contributions - cash or checks per year

How much did your family spend on vacations this past year

How much did your family spend on summer programs/camps last year for all children

## College Expenses

\* Number of family members attending college beginning this fall

\* Total amount of your family's out-of-pocket cost for college expected this school year

## Child/Day Care Expenses

\* Number of children for whom you pay child/day care expenses beginning this fall

\* Total amount of child/day care expenses expected this year

## Elder Care Expenses

\* Number of people for whom you pay elder care expenses

\* Total amount of elder care expenses expected this year

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## Assets and Liabilities

Required fields are marked with \*

\* Value of cash, savings, and/or checking accounts ?

\* Value of stocks, bond investments, mutual funds, and/or certificates of deposit ?

\* Value of your 529 plan accounts ?

\* What is your expected contribution in 2020 to 529 plan accounts?

\* Value of retirement plan assets ?

\* What is your and/or your spouse's annual contribution to retirement plan assets?

\* What is the estimated value of your home? ?

\* What is the amount you owe for your home? ?

\* What is the estimated value of your second home?

\* What is the amount you owe for your secondary home?

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### Additional Questions

Required fields are marked with \*

#### **Noble Academy**

- \*  I/We understand that the full amount of any tuition assistance is contingent on the student completing the full school year. Should the student leave the school for any reason, a prorated amount of the tuition assistance will be rescinded and the remaining tuition will be assessed.

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### Submit Application

#### Payment Method Disclosure

Card transactions are processed by FACTS Management Company, USA.

#### Total Amount

Application Fee

\$35.00

Total **\$35.00**

By clicking "Submit Application", you are agreeing to the terms and conditions.  
[View Terms and Conditions](#)