

Duxbury Bay Maritime School  
2016 Financial Aid Application

**Financial Aid is limited to One Class per Year per Student and  
Limited to Youth through age 18**

All of the following must be submitted **at least two weeks prior to program start date** to be considered:

- Completed Financial Aid Application
- Copies of Most Recent W2s and/or IRS Tax Return

**All information will be held confidential.**

1. Parent/Guardian Name(s): \_\_\_\_\_

2. Children's Name(s):      Age:      Classes Requested (if any) *Include dates & times*

\_\_\_\_\_  None

\_\_\_\_\_  None

\_\_\_\_\_  None

\_\_\_\_\_  None

3. Parent/Guardian Financial Information  
(If student lives with one parent or guardian, provide information for parent/guardian with custody over student).

A. Gross Monthly Earnings (before deductions)      \$ \_\_\_\_\_

B. Monthly Welfare, Child Support, Alimony Payments      \$ \_\_\_\_\_

C. Monthly Pension, Retirement, SS Payments      \$ \_\_\_\_\_

D. Any Other Monthly Income      \$ \_\_\_\_\_

4. Student's Financial Information (if applicable)  
Outside Employment (List both full and part-time jobs held at any time during the past 12 months).

<u>Company Name</u>	<u>Occupation</u>	<u>#of hours/wk</u>	<u>Take home pay</u>	<u>Total Pay</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

5. Explain any special circumstances, such as illness, age, unusual expenses, etc. which may make it difficult for you or your family to pay for the course fees. Where necessary, attach a copy of documentation or proof of your claim.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Today's Date      \_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Home Telephone      \_\_\_\_\_ Work Telephone      \_\_\_\_\_ Email

**Mail to: Beth Casey, Duxbury Bay Maritime School P.O. Box 263A Duxbury, MA 02331  
Or drop off at the DBMS office at 457 Washington Street, Duxbury Attn: Beth Casey**