



Name of Parents or Guardians: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Country \_\_\_\_\_

## Student Enrollment Information

(Check C for Calvert or  
V for Verticity program.)

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Program:  C  V

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Program:  C  V

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Program:  C  V

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Program:  C  V

## Family Financial Information

**Documentation required for steps 1-5 if applicable. Failure to submit supporting documentation will delay evaluation.**

Please note that any and all information provided to Calvert Education Services will be held as confidential, to be used only by authorized school personnel for the limited purpose of determining financial need for tuition assistance.

1. 2016 Adjusted Gross Income from Form 1040, 1040A, or 1040 EZ: \$ \_\_\_\_\_

A copy of your federal income tax return must accompany this application. Calvert Education Services will not be able to process your application until we receive your current year's Federal Return. If you do not file a federal tax return, please attach a statement of explanation.

2. 2016 Child Support received: \$ \_\_\_\_\_ per  Month  Year

3. Social Security/Disability payments received: \$ \_\_\_\_\_ per  Month  Year

4. Other sources of income including, but not limited to: welfare benefits,  
housing subsidies, pensions, annuities, monetary gifts, support from other family members, etc.

Please list source and amount:

\_\_\_\_\_ \$ \_\_\_\_\_ per  Month  Year

\_\_\_\_\_ \$ \_\_\_\_\_ per  Month  Year

5. Provide explanation for any adverse financial changes which are not reflected in your 2016 Adjusted Gross Income, such as a recent layoff. A copy of supporting documentation is required, such as a recent unemployment benefit statement.

### Parent(s)' or Guardian(s)' Certification

We (I) declare that the information reported on this form, to the best of our (my) knowledge and belief is true, correct, and complete. Further, we (I) have disclosed all sources of financial support available to our family for the private education of our (my) child(ren).

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

Phones: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (Required) \_\_\_\_\_

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

Phones: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (Required) \_\_\_\_\_

### \$25 Non-refundable Financial Aid Application Fee\*

Fee must be attached or application will be filed as "Incomplete" until Customer contacts Calvert with payment information.

CHECK (enclosed)

CREDIT CARD Please charge my:  AMEX  DISC  M/C  VISA

CREDIT CARD NUMBER: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Credit Card Billing Address if Different than Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Fee will be credited to your order upon enrollment.

**Calvert Education Services, 10713 Gilroy Road, Suite B, Hunt Valley, MD 21031**  
Toll Free Phone: 888-487-4652 • Phone: 410-785-3400 • Fax: 410-785-3437 • [www.CalvertEducation.com](http://www.CalvertEducation.com)