PDM PRODUCTIONS, INC FINANCIAL AID APPLICATION (Please print all names and information legibly)

1. Student Applicant's Name								
(Last name)		(First Name)						
Sex: Male [] Female [] Date of Birth:								
2. Parent Information								
2A Parent's Name Relationship to Applicant: Father [] Mother [Disable] Stepfather [d [] Deceased []] Stepmother []						
Home Address	p Code							
Occupation Titl	e							
Employed By] Part-time] Full-time Years with Firm						
2B Parent's Name Relationship to Applicant: Father [] Mother [Disabled [] Deceased []] Stepfather [] Stepmother []							
Home Address Zip Code								
Occupation Titl	e							
Employed By	[] Part-time [] Full-time							
	Estimated							
Total Income*	2016	2017						
Salary/ Wages – Income from Parent listed in 2A:								
Salary/ Wages – Income from Parent listed in 2B:								
Dividend and/or Interest Income:								
Net Profit or Loss from Business or Farm:								
Other Taxable or Non Taxable Income								

*Please attach a signed and dated copy of your latest 1040 tax return with the application

Page
Present Value:
Annual Payment: \$
Annual Payment: \$
Present Value: \$
property: \$
s property: \$
values of pensions, IRAs, etc.)
& dental expenses, etc. <i>(do not include mortgages</i>
nt you paid in 2016:
No
. Use additional sheet if necessary.
ided by business []
ided by business []
led by business []
al recreational vehicle debt \$

Cost of School Tuition / Dance/extra-curricular activities 2017

<u>Children</u>	School	Tuition 2017	Dance Gymnastic, Sports 2017	Tuition 2017	Monthly / yearly (circle one)		
					M / Y		
					M / Y		
					M / Y		
					M / Y		
					M / Y		
					M / Y		
					M / Y		
					M / Y		
					M / Y		
Cost of camps or lesson in 2017: \$ Cost of vacations in 2017: \$ I am also interested in being reviewed to receive a "Merit Scholarship" [] name I am also interested in being reviewed to receive a "Need Scholarship" [] name							
Signature of Parent/Gua	rdian						
Print Name of Parent/Gu	ıardian						
Contact information: Ho	ome#	Cell#	Email				
 Please remember to 	black out/white out all Se	ocial Security Numb	er information on your 1040 tax form				

Anything else you would like us to know: