



**Students Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Wilton Student Financial Aid Committee, INC.  
P.O. Box 142  
Wilton, Connecticut 06897**

**WSFAC Application Information**

The WSFAC Application Deadline is **June 15, 2024**

Complete this application and **mail to:**

Ms. Sibylle Kinley  
WSFAC Account Manager  
PO Box 142  
Wilton, CT 06897

**Or Email:**

Email: [chairwsfac@gmail.com](mailto:chairwsfac@gmail.com)

Please Note: WSFAC requires a Financially Responsible Co-signer.

Suggestions: Make a copy of your completed WSFAC Application for your records.  
Should something get lost in the mail, this will make your life much easier.

Please contact the WHS College Counseling Office at 203-762-0381 or WSFAC Account Manager, Sibylle Kinley, [chairwsfac@gmail.com](mailto:chairwsfac@gmail.com), with any questions.



**\*Complete only the top or bottom half of this page.**

**FOR GRADUATING HIGH SCHOOL SENIORS**

List the top 3 schools you are applying to and give the estimated total cost (tuition, fees, room and board):

SCHOOL	COST
_____	_____
_____	_____
_____	_____

Planned Major or Field of Study: \_\_\_\_\_

**\*\*\* Once you have decided on a school please email Sibylle Kinley at [chairwsfac@gmail.com](mailto:chairwsfac@gmail.com)**

Other Financial Aid for which you are applying (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR STUDENTS ALREADY ENROLLED IN COLLEGE/OTHER SCHOOLS**

Name of College or School: \_\_\_\_\_

Student's Address while at School: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cost of attendance for the 2023—2024 academic year (tuition, fees, room and board)

\$ \_\_\_\_\_



Estimated cost of attendance for the 2024-25 academic year:

Tuition: \$ \_\_\_\_\_

Room and Board: \$ \_\_\_\_\_

Fees: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

What type of Financial Aid did you receive for the 2023-24 academic year?

Pell Grant \_\_\_\_\_

Perkins Loans \_\_\_\_\_

Stafford Loans \_\_\_\_\_

University Grants \_\_\_\_\_

Work-Study \_\_\_\_\_

Other \_\_\_\_\_

Wilton Loan \_\_\_\_\_ Total Wilton Loan \_\_\_\_\_

Wilton Scholarship \_\_\_\_\_ Total Wilton Sch. \_\_\_\_\_

Other explanations:



**PARENT'S INFORMATION:**

Name: \_\_\_\_\_  
Mother Father

Address, if different from student:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Where Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Name and ages of siblings and others dependent on your family for support:  
\_\_\_\_\_  
\_\_\_\_\_

Have any members of your family received aid from WSFAC?

Names	Dates
_____	_____
_____	_____
_____	_____

Name and relationship of person co-signing your loan:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

*The Wilton Student Financial Aid Committee reserves the right to do a credit check.*

May we pass your name on to other scholarship groups who may be looking for scholarship candidates? \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Parent's Signature



**Wilton Student Financial Aid Committee Application  
2024-25 Academic Year**

Name: \_\_\_\_\_ Year in College in Fall 2024: please circle

Email: \_\_\_\_\_ Fr So Jr Sen Post

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

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Please circle your answer to the following questions:

Were you born before January 1, 2000? YES NO

Date of Birth: \_\_\_\_\_

Will you be working on a degree beyond a bachelor's  
Degree in school year 2023-24? YES NO

As of today, are you married? YES NO

Answer "yes" if:

1) you have children who receive more than half  
their support from you, or YES NO

2) You have dependents (other than your children or  
or spouse) who live with you and receive more than  
half their support from you, now through June 30, 2025. YES NO

Are you an orphan or ward of the court until age 18? YES NO

Are you a Veteran of the U.S. Armed Forces? YES NO



If you answered **NO** to **ALL** of the above questions, you are considered to be a **DEPENDENT** student. This requires that you provide all of your and your parents' information when completing this and other financial aid documents.

If you answered **YES** to **ANY** of the questions, please provide your information, and your spouse's, if applicable.

How many people are currently in your parent's household ? \_\_\_\_\_

**Include:**

- Yourself and your parents, and
- Your parents; other children if your parents will provide more than half of their support from July 1, 2024 through June 30, 2025.
- Other people if they now live with your parents, your parents provide more than half of their support and will continue to provide more than half their support from July 1, 2024 through June 30, 2025.

How many in the previous question, excluding your parents, will be college students between July 1, 2024 and June 30, 2025? \_\_\_\_\_

	<b>PARENT</b>	<b>STUDENT</b>
1) Age of older parent and student	_____	_____
2) Marital Status Yes: if married No: if divorced/separated/widowed/single	_____	_____
3) Legal State of Residence	_____	_____
4) U.S. Income Tax Return Form Type 1040/1040A/1040EZ/NON-FILERS	_____	_____
5) Adjusted Gross Income (include Unemp Comp for 2022)	_____	_____
6) Income Tax Paid	_____	_____
7) Income from Work: Father's	_____	_____



(CONTINUED)

- |   |       |       |
|---|-------|-------|
| 8) Income from Work: Mother's   | _____ | _____ |
| 9) Untaxed Income & Benefits for 2022<br>income: SS Benefits/AFDC/<br>Workman's Comp/Child Support            | _____ | _____ |
| 10) Balance in Cash, Savings, &<br>Checking Accounts  | _____ | _____ |
| 11) Real Estate Investment Equity<br><b>other than</b> primary residence<br>(Current market Value minus Debt) | _____ | _____ |
| 12) Business & Farm Equity<br>(Current Market Value minus Debt)   | _____ | _____ |