



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 30, 2025**

Complete this application and **Email to:**

Email: **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, 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: _____

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 2024—2025 academic year (tuition, fees, room and board)

\$ _____

Estimated cost of attendance for the 2025-26 academic year:

Tuition: \$ _____ Room and Board: _____

Fees: \$ _____ Total Cost: \$ _____



What type of Financial Aid did you receive for the 2024-25 academic year?

Pell Grant _____

Perkins Loans _____

Stafford Loans _____

University Grants _____

Work-Study _____

Other _____

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

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

Student's Signature

Parent's Signature

Please continue to next page



**Wilton Student Financial Aid Committee Application
2025-26 Academic Year**

Name: _____ Year in College in Fall 2025: 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, 2001? YES NO

Date of Birth: _____

Will you be working on a degree beyond a bachelor's Degree in school year 2025-26? 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, 2026. 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, 2025 through June 30, 2026.
- 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, 2025 through June 30, 2026.

How many in the previous question, excluding your parents, will be college students between July 1, 2025 and June 30, 2026? _____

	PARENT	STUDENT
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 2023)	_____	_____
6) Income Tax Paid	_____	_____
7) Income from Work: Father's	_____	_____



(CONTINUED)

- | | | |
|---------------------------------------------------------------------------------------------------------------|-------|-------|
| 8) Income from Work: Mother's | _____ | _____ |
| 9) Untaxed Income & Benefits for 2023
income: SS Benefits/AFDC/
Workman's Comp/Child Support | _____ | _____ |
| 10) Balance in Cash, Savings, &
Checking Accounts | _____ | _____ |
| 11) Real Estate Investment Equity
other than primary residence
(Current market Value minus Debt) | _____ | _____ |
| 12) Business & Farm Equity
(Current Market Value minus Debt) | _____ | _____ |