



**Russian School of Mathematics**

200 Wells Ave, Newton MA 02459

Tel.: 617-332-8243 Fax: 617-244-5177

Email: Administration@RussianSchool.com

# Application For Financial Assistance

**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Current RSM student** Yes \_\_\_ No \_\_\_

**Father's Name** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Phone number** \_\_\_\_\_

*Please describe the reason for your application:*

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

**Date of Application** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_

**Attached Documents:**

\_\_\_\_\_ I-99 or W-2 Form for each parent for the last 3 years

\_\_\_\_\_ Latest Tax Return Form(s)

*All applications submitted before September 1<sup>st</sup> will be reviewed by October 15<sup>th</sup> and the Office will contact you.*