



Application for Financial Assistance

The cost of sending a child to Hope Academy is a financial commitment that some parents are unable to fully absorb. We strive to be able to assist parents as much as possible.

If you believe you need assistance, please act immediately and submit the following items:

- ✓ A complete application
- ✓ A job letter stating monthly salary and length of employment for the parent/guardian who maintains financial responsibility
- ✓ A letter advising us of any special financial circumstances relating to you.

***All information will be kept strictly confidential and only viewed by the Business Office.

1. To qualify for consideration, an application must:

- concern a student of Hope Academy ;
- be applying for assistance for the upcoming school year. Financial Assistance will not cover for past expenses.

2. In evaluating applications, Hope Academy will take the following into consideration:

- the financial status of the family;
- the extent to which other financial resources are available to meet the Applicant's needs; and
- the total amount of financial assistance available to be distributed.

3. Conditions:

If an application is approved:

- the Applicant's account for the previous school year must be up-to-date
- the Applicant must apply annually for future financial assistance.
- the Parent/Guardian agrees to support the school by giving of their time and other resources. In order to qualify for future Financial Assistance, families/parents in receipt of Financial Assistance will be expected to give back a minimum of 30 hours to the school. This time can be given by attending PTA meetings, participating in PTA fundraisers, attending field trips and providing support to the classroom teachers. This support could be reading with students during the school day or helping the teacher to prepare classroom materials.

Hope Academy reserves the right, in its absolute discretion, to request such additional information as it may deem necessary. Any judgments or decisions to be made concerning adequacy of information, the severity or otherwise of any conditions or financial burdens will be made at the discretion of Hope Academy. The final amount of Financial Assistance awarded will be determined by the Financial Assistance Committee.

Application Form

Personal Information

Name of Student: _____ Current Grade: _____

Parent/Guardian 1

Name: _____

Relationship to child: _____ Other Dependents: _____

Current Marital Status: Married / Divorced / Separated

Name of Employer: _____

Address of Employer: _____

How long employed: _____ Job Title: _____

Parent/Guardian 2

Name: _____

Relationship to child: _____ Other Dependents: _____

Current Marital Status: Married / Divorced / Separated

Name of Employer: _____

Address of Employer: _____

How long employed: _____ Job Title: _____

Financial Information

Annual Household Income:

CI\$20,000 - \$30,000	_____	CI\$60,000 - \$70,000	_____
CI\$30,000 - \$40,000	_____	CI\$70,000 - \$80,000	_____
CI\$40,000 - \$50,000	_____	CI\$80,000 - \$90,000	_____
CI\$50,000 - \$60,000	_____	Over CI\$90,000	_____

Home:

Rent { } Own { } Other { }

Expenses

Which of the following therapy/treatment/assistance does your child currently receive?

Speech Therapy [] Occupational Therapy [] Psychotherapy []

Mental Health Counseling [] Social Skills [] Physical Therapy []

Other (if other, please state) _____

How much does your child's therapy/treatment/assistance cost?

Hourly: CI\$ _____ Daily: CI\$ _____

Weekly: CI\$ _____ Monthly: CI\$ _____

I/We have read and completed this application and certify that the information contained in it is correct to the best of my/our knowledge and best of my/our belief. If asked by Hope Academy, I/We agree to provide documentation, which can substantiate the information provided on this form. We agree to complete a minimum of 30 hours in support of Hope Academy.

Signature:

_____ _____

Parent/Guardian Date

_____ _____

Parent/Guardian Date

For Official Use Only

Approved:

Yes [] No [] Amount Granted: _____

Reason for approval/denial: _____

Authorized Signature: _____ Date: _____