



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 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 for the upcoming school year;
- be applying for assistance for the upcoming school year. Financial Assistance will not cover for past expenses. Account must be up-to-date.

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

- 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.

If an application is approved 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 10 hours to the school.

As a part of our 10 hours, we can be contacted to:

___ Help coordinate schoolwide fundraisers and events

___ Complete "handyman" tasks around the school (i.e. painting, hanging shelves, etc; materials provided by the school)

___ Assist a teacher (read with students, help with science or art projects or bulletin boards)

___ Supervise students at break or lunch for a pre-arranged scheduled time period

___ Organize and lead an afterschool activity/ club

___ Other: _____ (Skill or business that can support Hope Academy)

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.



Hope Academy

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 per month? _____

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: _____