



FINANCIAL AID APPLICATION 2010 - 2011

NEW

RENEWAL

CONFIDENTIAL

STUDENT NAME _____

GRADE _____

STUDENT NAME _____

GRADE _____

STUDENT NAME _____

GRADE _____

STUDENT NAME _____

GRADE _____

.....
TO THE APPLICANT

The **Good Hope School** is pleased to be able to offer financial aid to a limited number of students who meet (or continue to maintain) the basic academic and disciplinary performance requirements of the school, and whose families are unable at this time to pay the full tuition of our educational program. The amount of financial aid monies available varies from year to year depending on student enrollment and the annual budget. We are **committed** to providing financial aid on the basis of **need** to as many families as possible. Please be assured that the information you provide in this document will be held in the strictest confidence.

Please note that in order for your request to be considered, **YOU MUST:**

1. Complete the attached sheets in detail.
2. Attach a copy of your 2009 income tax form with W-2's.
(This must be included or we cannot process your application.)
3. Return the Enrollment Contract and registration fee (\$100.00 by March 13th, \$225 by May 1st, and \$500.00 after May 1st; new students \$225.00, with no date restriction). This fee will be returned in full if you determine that you are unable to enroll your child after receiving notice of the financial aid grant.

Return everything in a sealed envelope to the Main Office and the package will be forwarded to the Financial Aid Committee for review. The Financial Aid Committee will meet periodically to review applications for the 2010-2011 school year. **Applications are reviewed as they are received and awards granted on a first-come first served basis.** Awards cannot be granted when all monies allocated in the budget for financial aid are utilized. After a decision has been made concerning your request you will receive written confirmation of the decision from the Committee within a week of each scheduled meeting. Please remember that scholarship assistance is based on need. Questions regarding the Financial Aid process should be directed to the School's Director of Finance.

Financial Aid Application

1. Name of Student: _____
2. Date of Birth: _____
3. Home Address: _____

Phone: _____

4. Guardian 1: _____ Relationship to student: _____
Home Address: _____ Phone: _____
Occupation/Title: _____
Employer/or Firm/ _____
Address _____ Phone: _____
Email Address: _____
Guardian 2: _____ Relationship to student: _____
Home Address: _____ Phone: _____
Occupation/Title: _____
Employer/or Firm _____
Address _____
Email _____ Phone: _____

Natural Father/Mother not living with child:

Name: _____
Address: _____ Phone: _____

5. Name of Individual who claims student as tax exemption: _____

6. Is there an agreement specifying a contribution for this Student's educational expenses?

Yes _____ No _____

If yes, by whom: _____

How much: _____

7. Income before deductions for taxes, social security, etc.

a.) Guardian 1: **TOTAL** income from wages (full and part-time) employment or business:
\$ _____

Other Sources (Interest, Dividends, Social Security, Alimony, Child Support, etc.) \$ _____

b.) Guardian 2: **TOTAL** income from wages (full and part-time) employment or business: \$ _____

c.) Other Sources (Interest, Dividends, Social Security, Alimony, Child Support, etc.) \$ _____

8. Other dependent children:

Name	Age	School	Tuition Paid by Family	Amount of Aid Received

THIS INFORMATION IS REQUIRED

9. In view of the financial circumstances outlined, what minimum tuition grant do you request in order to meet all school charges? \$ _____

10. Personal Assets and Indebtedness:

Home (if owned or being purchased.)

Year Purchased _____

Purchase Price
\$ _____

Real Property Market Value
\$ _____

Mortgage Balance
\$ _____

Monthly Payment
\$ _____

Mortgage Holder's Name and Address _____

Other Real Estate (include vacation home, rental property, etc.)

Purchase Price
\$ _____

Real Property Market Value
\$ _____

Mortgage Balance
\$ _____

Monthly Payment
\$ _____

Mortgage Holder's Name and Address _____

Investments (stocks, bonds, other) Please itemize.

Business owners please include Financial Statement.

Purchase Price

Market Value

Name _____ \$ _____ \$ _____

Name _____ \$ _____

Any income derived from investments? \$ _____ Annual/Monthly?

Name: _____

Any income derived from rental property?

Property: _____ \$ _____ Annual/Monthly?

12. **The committee welcomes any further statements that you may wish to make that may aid in determining your eligibility to receive financial assistance.**

(You may attach additional sheets as necessary.)

I hereby authorize The Good Hope School to verify the information provided herein and to investigate my (our) creditworthiness through a commercial credit reporting agency, and I (we) authorize the release of such credit information to The Good Hope School.

DATE _____ SIGNATURE _____

Kindly return this form to: Director of Finance
The Good Hope School
170 Estate Whim
Frederiksted, VI 00840

No applications will be considered until
ALL ITEMS ON THIS FORM ARE COMPLETED
AND
THE NECESSARY DOCUMENTS AND REGISTRATION FEES ARE ATTACHED.

FOR OFFICE USE ONLY:

DATE OF REVIEW: _____

AMOUNT APPROVED: _____

BY: _____
Financial Aid Committee