

## Good Samaritan School – Financial Assistance

333 NW 35<sup>th</sup> Street, Corvallis, OR 97330

Jane Edson, Head of School

### I – Financial Assistance Guidelines

- ✓ Financial assistance is available for each month's tuition for the 2010-2011 school year except for the pre-payment of June 2011 tuition, which is due by June 15, 2010.
    - \* each subsequent month (either in 9 month payments for 11month payments) will be at the financially assisted/discounted rate.
  - ✓ Applications are due by **May 30<sup>th</sup>, 2010**. You will receive notification of the status of your financial assistance request in writing by **June 30<sup>th</sup>**.
  - ✓ Financial assistance may be applied for mid-year for a new student or if a family financial crisis arises and if financial funds are available. Notification of aid will be within approximately 2 weeks of application.
1. Financial assistance applicants are required to pay in full the application fee. A payment scheduled may be arranged with the school office if this fee creates a burden for the family.
  2. **Two recent pay stubs for each source of income and accurate documentation of all income** sources must accompany an application to verify family income. Income includes salary, wages, tips, social security, child support, alimony, unemployment, pensions, and all other cash income. All information received during the application process will be kept strictly confidential.
  3. Financial assistance will vary per family. Historically financial aid awards have ranged from 10-15% of tuition.
  4. Financial assistance is awarded based on the following criteria:
    - \* Availability of funds
    - \* Financial need using the income level table as a guideline
    - \* Special circumstances fully described on the application
  5. The remainder of the total tuition, less allocated financial assistance, will be divided into equal payments for the months/term in question.
  6. Full time OSU students with children in preschool-kindergarten may be eligible for assistance from ASOSU Child Care Subsidy program and should apply. This could increase total amount of assistance available to you.
  7. The Financial Assistance Committee reviews anonymous application information and determines assistance awards.
  8. Good Samaritan School financial assistance grants are primarily raised through the Annual Fund Campaign and other fundraising activities. You will be asked during the year to help at

these various school functions. We appreciate the time and assistance you give to support us throughout the year.

## **II. Financial Criteria**

In determining financial need, the Financial Assistance Committee will use the Oregon Department of Education Income Eligibility Guidelines as one method of evaluating a family's eligibility:

### Effective through June 30, 2010 – FEDERAL INCOME ELIGIBILITY GUIDELINES

Household Size	Annual	Month	Week
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member add	6,919	577	134

Number in family refers to all persons who live in the household full time and share living expenses. Income is the total amount of all contributions from all family members before taxes. Income includes salary, wages, tips, social security, child support, alimony, unemployment, pensions, or any other cash income.

## **III. Application Process**

If you are interested in applying for financial assistance, please complete and submit the attached application, along with all relevant pay stubs or other financial documents that verify family income, to the GSS Financial Assistance Committee by **May 30, 2010**.

Applications and financial documentation should be addressed to:

Good Samaritan School  
 Financial Assistance Committee - CONFIDENTIAL  
 333 NW 35<sup>th</sup> Street  
 Corvallis, OR 97330  
 541-758-1255

You will receive notification of the status of your financial assistance request in writing by **June 30<sup>th</sup>**. If you do not receive confirmation please contact the school office immediately.

## Good Samaritan Financial Assistance Application

Parent/Guardian Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email : \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Class enrolled in \_\_\_\_\_

Names and ages of other children \_\_\_\_\_

Household size (total # of dependant family members) \_\_\_\_\_ Number of children under 18 \_\_\_\_\_

Parent/Guardian's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/Guardian's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Is a parent/guardian a full time student? Name of school \_\_\_\_\_

**Household Members and Monthly Income**

Two recent pay stubs and accurate documentation of all income sources must accompany an application to verify family income. Income is the total amount of all contributions from all family members before taxes. Income includes salary, wages, tips, social security, child support, alimony, unemployment, pensions, or any other cash income.

- List all household members, including children not attending school, and monthly income by source, if applicable.

List	Last name, first name	Total earnings and wages (before deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Other monthly income including Food Stamps, Housing Allowance, Unemployment, and Workers comp.	TOTAL
1						
2						
3						
4						
5						
	<u>TOTAL:</u>					

**Extenuating Conditions** - Please document unusual and ongoing *monthly* expenses as indicated.

- Unusual and ongoing monthly medical expenses \$ \_\_\_\_\_
- Court required monthly child support and/or alimony payments \$ \_\_\_\_\_

If there are any specific circumstances that make tuition assistance necessary or any additional information that may clarify your family's request, please describe.

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

\_\_\_\_ (Feel free to continue on back if needed.)

I certify that all the above information is true and correct and that all income is reported. I understand that school officials may ask to have the information on the application verified.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_