



## GOOD SAMARITAN SCHOOL

333 NW 35th Street, Corvallis, Or 97330  
 Jack Nickerson, Head of School  
 www.goodsamschool-episcopal.org  
 541-758-1255



## 2011-2012 FINANCIAL ASSISTANCE

### Financial Assistance Guidelines

Financial assistance may be available for the 2011-2012 school year. The Good Samaritan School (GSS) Financial Assistance Committee reviews anonymous application information and determines assistance awards.

Applications for assistance are due by **May 28, 2011**. You will receive notification of the status of your financial assistance request in writing by **June 30, 2011**. Financial assistance may also be available mid-year for new students or if a family financial situation changes. Decision on all assistance requests will be made within 2-3 weeks of application.

- Financial assistance applicants are required to pay the application fee to attend Good Samaritan School (GSS). Payment schedules may be arranged with the school, if necessary.
- **To verify family income, two recent pay stubs for each source of income and accurate documentation of all income sources must accompany all applications.** Income includes: salary, wages, tips, social security, child support, alimony, unemployment, pensions, and all other cash income. All information received for the application process is kept confidential.
- Financial assistance is awarded based on the following criteria:
  - Availability of funds.
  - Financial need using the Oregon Department of Education Income Eligibility Guidelines (see below).
  - Special circumstances fully described on the application.
- The remainder of the total tuition, less allocated financial assistance, will be divided into equal payments for the months/term in question.
- 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.
- GSS financial assistance grants are primarily raised through donations to the school and other fundraising activities and functions. It is important to volunteer and show support for these events throughout the school year.

### Financial Criteria

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

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.

Effective through June 30, 2011 - 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
additional family member	+ 6,919	+ 577	+ 134

**Application Process**

To apply 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 28, 2011**.

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, 2011**. If you do not receive confirmation, please contact the school office immediately.



Good Samaritan School

## Good Samaritan School Financial Assistance Application



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

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

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

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Class Enrolled: \_\_\_\_\_

Names and ages of other siblings:

\_\_\_\_\_

Household Size: Number 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 (higher education)? \_\_\_\_\_

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.

	Last Name, First Name	<u>Total Earnings /Wages</u> (before deductions)	Welfare Child Support Alimony	Pensions/Retirement Social Security	<u>Other Monthly Income</u> Food Stamps, Housing Allowance, Unemployment Workers Comp	TOTAL
1						
2						
3						
4						
5						
6						
	<u>Total:</u>					

