
MALIK ACADEMY AND AL BUSTAN PRESCHOOL FINANCIAL AID/REDUCED TUITION PROGRAM

Dear Parent/Guardian:

Sending children to private school can be expensive. In order to make our school affordable to as many families in the community as possible, we are happy to announce a new Financial Aid/Reduced Tuition Program. The following are answers to questions you may have about the program and application form. Please do not hesitate to contact the administration with any unanswered questions or concerns.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for financial aid. *Use one Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school office at either Malik Academy or Al Bustan Preschool.
2. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
3. I GET WIC. CAN MY CHILD(REN) GET FINANCIAL AID? Children in households participating in WIC may be eligible for financial aid. Please fill out an application.
4. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
5. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year.
6. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials.
7. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
8. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.

If you have other questions or need help, call the school office.

MALIK ACADEMY AND AL BUSTAN PRESCHOOL FINANCIAL AID APPLICATION

SCHOOL YEAR ____ - ____

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

Part 1: List all household members and the school name for each child. For any person, including children, with no income, you must check the “No Income Box.”

Part 2: Follow these instructions to report total household income from this month or last month.

Box 1–Name: List all household members with income.

Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you work for yourself, you will be asked to supply business or farming papers, such as ledger or tax books.

Part 3: Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn’t have one).

FINANCIAL AID FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of household members (First, Middle Initial, Last)	School Name for Each Child		CHECK IF NO INCOME
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART 2. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___
	\$___/___	\$___/___	\$___/___	\$___/___

PART 3. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **The adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box.**

I certify (promise) that all information on this application is true and that all income is reported.. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may be expelled from school and any tuition balance will be paid in full.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: ___ - ___ - _____ I do not have a Social Security Number

DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Eligibility: Tuition reduced 10%__ 20%__ 30%__ Denied__ Reason: _____

Financial Aid is based on the FDA's annual Income Eligibility Guidelines (IEGs), which are used in determining eligibility for free and reduced price meals or free milk. These guidelines are available in the school offices for review, or online at <http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs.htm>.

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

**PLEASE INCLUDE THE APPROPRIATE DOCUMENTS TO SUPPORT
YOUR APPLICATION FOR FINANCIAL AID**

ACCEPTABLE PAPERS INCLUDE:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call the administration at Al Bustan Preschool or Malik Academy.

WE HAVE CHECKED YOUR APPLICATION FOR FINANCIAL AID AT
MALIK ACADEMY/AL BUSTAN PRESCHOOL

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that _____ is/are eligible for financial aid and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting ___/___/___, your child(ren)'s tuition **per month will be changed to** _____ because your income is within the financial aid eligibility requirements.
- Starting ___/___/___, **your child(ren) is/are no longer eligible** for financial aid/reduced tuition for the following reason(s):
 - ___ Your income is over the limit for financial aid.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.
 - ___ You have an outstanding tuition balance of _____ which must be paid in full before financial aid can resume.

**NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF FINANCIAL
AID AT MALIK ACADEMY/AL BUSTAN PRESCHOOL**

Dear Parent/Guardian:

You applied for financial aid for the following child(ren);

Your application was:

- Approved for financial aid at ____% tuition reduction
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with the school administration.