

Financial Aid Determination

Scholarship applications are accepted throughout the year and scholarships may be awarded at any time throughout the year, provided funds and space are available. OASIS NC Financial Aid Committee will determine which family(ies) receive financial. These decisions will be based on factors including, but not limited to, the number of programs attending, cost of programs, previous financial aid, financial aid provided by the state, and family's demonstration of commitment to their child's educational program. Because financial aid applications will be considered throughout the year, families will ONLY be notified if/when they are being offered financial aid.

Families who have a total household income of less than \$150,000 will be eligible to apply for financial aid. However, due to limited available funds, not all families who qualify and apply will receive aid. All families who do receive financial aid will be expected to **pay at least 50% of their child's fees**. After reviewing the application and determination processes below, please feel free to contact us if you have questions.

In order to ensure that your child's financial aid application is considered, please read the following guidelines carefully before completing the application.

- A copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for *every* member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service.

- If you are exempt from filing, based on IRS requirements, you must attach document(s) showing ALL annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), W-2(s),1099's, interest statements, Medicaid statements, etc.] for every member of your household. If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.

Child's Information

| Last Name: | First Name: M.I: | | | |
|------------------------|--------------------|------|--|--|
| | Primary Diagnosis: | | | |
| Street Address: | | | | |
| City: | State:Zip Code: _ | | | |
| | Child lives with: | | | |
| Guardian A Information | | | | |
| Last Name: | First Name: | M.I: | | |
| | Relationship: | | | |
| Street Address: | Pho | ne: | | |
| | State:Zip Code: _ | | | |
| Email: | Race/Ethnicity: | | | |

Guardian B Information

| Last Name: | First Name: | M.I: | |
|-----------------|-----------------|-------|--|
| Profession: | Relationship: | | |
| Street Address: | Ph | ione: | |
| City: | State: Zip Code | : | |
| Email: | Race/Ethnicity: | | |

Legal Information

Has the court ever been involved in granting custody? Yes No Who has legal custody?

Please explain any unusual family expenses or financial circumstances that may alter the information found on your tax return (e.g. recent unemployment, death, etc.)

| Event/Situation | Date(s) |
|-----------------|---------|
| | |
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| | |

Financial Information

Have you ever applied for an OASIS NC scholarship or financial aid? Yes No Have you ever received an OASIS NC scholarship or financial aid? Yes No

Program(s) Attending:

_____ SEA Academy _____ Ventures _____ Intersession Camps

Program(s) Requiring Financial Aid:

_____ SEA Academy _____ Ventures _____ Intersession Camps

Average Family Net Income Per Month: \$_____

Attach a basic monthly budget listing your expenses (mortgage/rent, utilities, food, gas, insurance, etc.)

List any source of financial assistance you are receiving from any governmental agency (e.g. Opportunities Scholarship, Disabilities Grant, DSS, DHHS, CAP, public housing assistance, food stamps, unemployment, social security, etc.) or family members not reflected on your tax return.

| Source of Support | Person Receiving Support | Avg Monthly Amount | Comments |
|----------------------|-----------------------------|--------------------------|----------|
| | | | |
| | | | |
| | | | |

Pay It Forward

If you receive financial aid, please describe how you could "pay it forward" (to OASIS NC or other community needs)

Statement of Need

Please provide a statement of need/explanation of why your family should be considered for financial aid and why you would like him/her to attend OASIS NC. Please write in the space below or attach a typed statement.

I declare that the information reported on this form and the attached supporting income verification(s)/tax returns, are true, correct, and complete to the best of my knowledge. I authorize OASIS NC and its representative(s) to copy, review, and verify all information provided.

Signature of Parent/Guardian A

Signature of Parent/Guardian B

Date

Date