



Financial Aid Application

GUIDELINES:

Holy Spirit Episcopal Church & School Financial Aid Program has been established to provide partial assistance to families who would otherwise not be able to attend the program or when unexpected needs arise. It is the policy that the family pays a portion to be determined of the tuition and fees with the remainder paid through financial aid monies. Financial aid monies are acquired through donation and fundraising. Tuition monies are never used to support the Financial Aid program.

All application information must be fully completed and submitted with supporting documents directly to the school director in person or by mail.

Holy Spirit Episcopal Church & School
Head of School
301 Hays Country Acres. Rd.
Dripping Springs, Texas 78620

Financial aid awards are based on income, availability of funds, enrollment space available and number of eligible applicants. Tuition for students receiving financial aid may not be more or less than that of full-pay students receiving comparable services. Financial aid shall not cover childcare services (before or after preschool) or optional days.

Families are responsible for the remaining balance of their child's tuition/fees per Holy Spirit preschool policies and as detailed within the fee agreement.

Financial aid will be awarded for the current school year or a portion of the current school year. Recipients wishing to continue to receive aid for the following school years must reapply each year.

Students receiving aid must attend at least 90% of their enrolled schedule each month.

Families with students receiving aid are encouraged to get involved in the school community through volunteering and participation in school events as they are able.

Financial aid awards shall be made without regard to race, color, religious creed, disability, ancestry, national origin, sex, or limited English proficiency, in accordance with applicable law.

All application information will be maintained by Holy Spirit Episcopal Church & School in the strictest of confidentiality and will not be used for purposes other than application for financial aid and providing required reports.

Notification must be given to the school immediately if there is a change in the financial situation.



Financial Aid Application

Financial Aid application must be completely filled out and accompanied by required supporting documentation. (see page 3)

Child's Name: _____ Child's DOB: _____ Today's Date: _____

Child's Address: _____ City, St, Zip: _____

Home Phone: _____ Sex: M / F _____

Class: 4 year old / 3 year old / 2 year old *(ages as of September 1st)*

Head of Household: _____ *(please circle)* Parent / Foster Parent / Guardian

Mailing Address: (if different than above) _____

City, State, Zip: _____

Email: (please print) _____

	Mother	Father
Name		
Address:		
City/Zip:		
Occupation:		
Employer:		
Work Phone:		
Cell Phone:		
Marital Status:		



Financial Aid Application

	Mother	Father
Monthly Income Information		
Wages & Salaries:		
Unemployment:		
Child Support:		
Alimony:		
Other Income:		
Pension / SSA:		
Public Assistance.		

How much are you able to contribute to your child's tuition each month? \$_____

Other persons in the home who are financially supported by child's parents / guardians:

Name	Age	Name	Age

Circle if you or anyone in the household are a recipient of:
 Medicaid / Food Stamps / Free or reduced school meals

Financial aid applications will be processed confidentially by the school financial aid board. Please fill out this application completely and submit the following items with your application.

1. The 2 most recent pay stubs for all employed individuals in the household.
2. Prior year tax return (first 2 pages).
3. Copy of most recent mortgage payment or rent payment.



Financial Aid Application

ADDITIONAL CONSIDERATIONS

Does your previous year tax return provide an accurate picture of your current financial situation?

Yes / No

If no, please explain special circumstances that make it difficult to pay tuition.

Has your child attended preschool in the past? Yes / No If so, where? _____

Would your child attend Holy Spirit School without tuition assistance? Yes / No

This information will be shared with the board that will make the final decision on eligibility.

I/We certify that all information on this form, as well as all supporting documentation, is true, correct, and complete to the best of my/our knowledge and that all household income has been reported.

I/We understand that deliberate misrepresentation of information may result in the financial aid being denied or revoked, and that any financial aid awarded based on false information may need to be reimbursed. I/We understand that I may be asked to provide additional income information.

Furthermore, I/We have read and agree to abide by the guidelines stated above if awarded financial aid.

Signature	Date	Printed Name
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Signature	Date	Printed Name
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