



## Financial Aid Application for the Academic Year 20\_\_-20\_\_

### ***Rules for Financial Aid Applications:***

1. Deadline for financial aid is May 30, as decisions are made before the academic year starts. A completed application and all requested documentation must be in by that date to be considered for financial assistance.
2. Only written approval by the UMA Administration constitutes a commitment on the part of the school.
3. Financial aid is granted for one academic year only. Students may reapply every year.
4. The parent(s) may be asked to come in for an in-person interview with the UMA Administrators.
5. Please attach your child's academic and (any) discipline records for evaluation by the School. A student receiving any academic scholarship must have a GPA of at least 3.0 and in good behavior standing.
6. Any incomplete application will not be considered. Income/Need based financial assistance applications must include all requested financial documentation to be considered.
7. Failure by the student and/or family to adhere to the conditions of the awarded assistance will result termination of aid and family will be responsible for paying the balance due of the tuition
8. Income eligibility guidelines <http://www.state.nj.us/agriculture/divisions/fn/pdf/form127.pdf>



Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Phone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Name of student (applying for financial aid)	Grade	Years at UMA
_____	_____	_____

*Individual applications must be filled out for each student in the family requesting assistance.*

**Type of assistance applying for:**

( ) Income based financial aid      ( ) Academic based financial aid

**Please provide all the information requested below regardless of type of assistance requested:**

1. Total family income for the last 12 months? \_\_\_\_\_

(Please attach last 2 years' W-2's and filed tax returns, and 2 recent paystubs or two month's income)

2. Cash Income last year: \$ \_\_\_\_\_ Source of Income: \_\_\_\_\_

3. Number of dependents (from the filed tax forms) \_\_\_\_\_

4. Amount of Monthly ( ) Rent \$ \_\_\_\_\_ ( ) Mortgage \$ \_\_\_\_\_

5. Did you previously receive financial aid from UMA? ( ) Yes ( ) No

If yes, for which years? \_\_\_\_\_ For how many children? \_\_\_\_\_

6. Do you have any debt or other financial responsibility, which affects your ability to pay tuition?

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

7. Do you receive any kind of public aid?

( ) Food stamps      ( ) Medicaid      ( ) Cash Assistance      ( ) Other \_\_\_\_\_



### Giving Something Back:

All families receiving income based financial aid are required to volunteer at least 8 hours per month for every percent off in financial assistance. Each job listing has a job description and includes a set number of hours and tasks.

What volunteer work can you available and interested in doing for the school (check all appropriate boxes)?

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Lunch/Recess Aid  | <input type="checkbox"/> Classroom Aid | <input type="checkbox"/> Office Aid  |
| <input type="checkbox"/> Clubs/Sports      | <input type="checkbox"/> Art/Music/PE  | <input type="checkbox"/> Cleaning    |
| <input type="checkbox"/> First Aid/Nursing | <input type="checkbox"/> Library Aid   | <input type="checkbox"/> Other _____ |

### Family Contribution

How much can you consistently contribute towards tuition monthly? \_\_\_\_\_

### Parents' Agreement and Signatures:

I hereby declare that all the information provided is true and I consent and authorize UMA or its representative to examine and verify all information provided in this application including earnings of any kind. I also understand that if needed, I may be called for a personal interview. This verification will be used only for the purpose of evaluating this application. I further understand that I am responsible for tuition in full. Financial assistance does not remove my responsibility for tuition.

Date: \_\_\_\_\_ Parent(s) Name (s): \_\_\_\_\_

Signature(s): \_\_\_\_\_



**SCHOOL Finance Team's Decision:**

( ) Rejected

( ) Approved : ( ) Full Scholarship \_\_\_\_\_

( ) Partial Scholarship \_\_\_\_\_

( ) Discount \_\_\_\_\_ % or amount \$ \_\_\_\_\_

Finance Team Signatures: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

**Net Tuition Calculation(s) for the Applicant Students: (For Office Use Only)**

Applicant Children GPA: \_\_\_\_\_

Gross Tuition Amounts: \$ \_\_\_\_\_

Sibling Discount ( ) \_\_\_\_\_

Fees (Membership, Activities, and PSG): \$ \_\_\_\_\_

Total Tuition for the family (before Financial Aid) \$ \_\_\_\_\_

Family Contribution: \$ \_\_\_\_\_

Total family cost for additional children enrolled: \$ \_\_\_\_\_

**Amount of Financial Aid Awarded** \$ \_\_\_\_\_

**Net Tuition Due:** \$ \_\_\_\_\_

**Type of Award given** \_\_\_\_\_

**Comments and Considerations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_