

Financial Aid Policy 2015-2016

1) As a guideline, the ceiling for financial need scholarships is determined by the number of people and the income in the household of the responsible parent(s). While we will follow these general guidelines, special circumstances may arise that will have to be reviewed by the Scholarship Committee. The following parameters are used to determine scholarship eligibility:

Familv Size Maximum Gross Income (Guideline)

2 $33,098

3 $41,693

4 $50,288

5 $58,883

6 $67,478

(more than 6, add $4000 for each additional family member)

NOTE: These are only guidelines. If you have a special situation, please submit an application informing the Scholarship Committee of your need. You may attach a letter explaining any special circumstances.

2) The Scholarship Committee will award at least 60% of the funds available prior to August 1, 2015. This percentage may be higher when most of the spaces in the classes have been filled. This policy tends to favor returning families and new families who have made early plans to attend the school. Remaining funds will be reviewed for awards to late applicants in July. If there are still funds available after this review, they will be reviewed again in August. If your family’s financial situation changes or unexpected circumstances arise after the August 1, 2015, distribution of financial aid, please contact the school office for consideration for financial aid. While funds are limited, we do make every attempt to help our school families whenever possible.

3) Families must be current in their tuition payments in order to be considered for scholarship awards.

4) Dayton International School admits children of any sex, race, color, religion, national or ethnic origin to all of the rights, privileges, and programs generally accorded or made available to children at the School. Dayton International School does not discriminate on the basis of sex, race color, religion, national or ethnic origin in the administration of its educational policies, admissions, scholarship and loan programs, or athletic or other school-administered programs.



Application for Financial Aid 2015-2016

The Dayton International School Scholarship Committee needs the information requested on this form in order to fairly award the limited amount of money available for scholarships. Accordingly, this form must be filled out completely before your application can be considered. All information on this application is confidential and will be used only for the purpose of determining eligibility for tuition assistance. Please print in dark ink.

Parent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State your anticipated, estimated income for the 2014/2015 school year (8/1/15 to 5/30/16)

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

2. State other sources of tuition support and amounts (if any)

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3. Indicate your income and expenses below. (A copy of your 2011 IRS Form 1040 will be required to support your application if your family is awarded a scholarship):

Income Adjusted Gross Income........................................ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Interest income (taxed and untaxed).................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child support received ........................................ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses Medical expenses, medical insurance cost ......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rent/house payments....................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child support paid................................................ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other children’s tuition ....................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assets Market value of investments................................ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash, Savings and Checking Account Total ............................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Trusts ........................................................................................ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How many children from your family will attend Dayton International School? Indicate how long they plan to attend (i.e. through Kindergarten, 6th grade, etc.):

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

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5. Please explain any special circumstances you would like the Committee to consider:

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Please sign below and return to the office as your earliest convenience.

**I/We, the undersigned, assure that these responses are true and complete.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_