

FINANCIAL AID APPROVAL PROCEDURE

The school family desiring financial assistance would request a financial aid form from the school office. Before a family can apply for assistance, they must be registered and accepted by CAWNY, for the upcoming year. Financial assistance is given on a first come basis. Applications are accepted beginning Feb. 1st for returning CAWNY students and March 1st. for new students.

The completed financial aid form should be submitted to the attention of the Administrator who will initially review the form and contact the home if additional information is required. All questions must be answered on the application. The Administrator would then submit the form to the other two financial aid committee members for their independent review and assignment of a financial aid amount.

After a financial aid application has received financial aid committee review, the form is then returned to the Administrator's office. The office will then communicate, in letter form, to the family the level of financial aid granted per school basis, as well as the area of the school ministry in which they have been assigned (if applicable).

VOLUNTEER ASSIGNMENT CRITERIA

There are four basic criteria which are to be used to determine where and to what extent a family will physically contribute within the school ministry. These are presented in order of priority:

1. *Availability:*

Practically speaking, the families that can be counted on most to physically contribute within the school ministry are those that are available to do so. For this reason, single parent families with the parent working on a full time basis, are given only a token of responsibility. We want to be sensitive not to take the parent from the home and the children during the limited time the parent has available to spend with them.

2. *Areas of greatest need within the school:*

Although the parent indicates on the financial aid form where they would prefer to serve, the school reserves the right to make the final assignment.

3. *Areas of Personal Skill and Interest:*

As much as possible, we will endeavor to place an individual in positions that would take advantage of their skills and/or interests. However, realistically, that is not always possible.

4. *Level of Financial Assistance:*

A family's level of financial assistance is determined primarily by need. This means that there is not a direct correlation between the amount of financial aid received and the amount of work expected. That would constitute a work scholarship program versus a needs based financial aid program.

Confidential File

Application for Tuition Assistance

Christian Academy of WNY

120 Main Street
Lockport, NY 14094

<i>Office use only</i>
Date Rec. _____
St. App. Acc. Y N
TA ret, TA new, V C C
Approved, Denied
\$ _____
Date notified _____

Date _____ (not accepted before March 1st for new students and Feb. 1st for returning Academy students)

Father's Name _____ Soc. Sec. # _____
Employer _____ No. of years _____

Mother's Name _____ Soc. Sec. # _____
Employer _____ No. of years _____

Address _____ Married _____
_____ Separated _____
_____ Divorced _____
Email _____ Single _____

Name and grade of children applying to CAWNY for school year beginning _____:

Previous year Income, Earnings, and Benefits

_____ total number of exemptions

\$ _____ Adjusted Gross Income

\$ _____ US income tax paid

\$ _____ Income earned from work by father

\$ _____ Income earned from work by mother

Previous year Untaxed income and benefits:

\$ _____ Social Security

\$ _____ Aid to families with dependent children (AFDC or ADC)

\$ _____ Child support

\$ _____ Tuition assistance from family members or friends

\$ _____ Other _____

Over

Asset Information

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Cash, savings, checking account totals: \$ _____ (Bank _____)

Home value (if owned) \$ _____

Other real estate \$ _____

Investments \$ _____

Business \$ _____

Farm \$ _____

Other \$ _____

Previous year Expenses

\$ _____ child support paid by parent

\$ _____ Medical and dental expenses not covered by insurance

\$ _____ Tuition paid for dependent children

\$ _____ Monthly rent or mortgage payment (and property taxes if not included)

\$ _____ Monthly food and clothing expense

\$ _____ Monthly telephone bill

\$ _____ Monthly utilities bill

\$ _____ Monthly credit card payments

\$ _____ Monthly car payments \$ _____ Yearly car insurance

\$ _____ Monthly tithe to (Church) _____

Please use this space to explain any unusual expenses or special circumstances regarding your situation: _____

All the information on this form is true and complete to the best of my knowledge: I agree to give proof of the information given on this form, if asked.

Please indicate the monthly tuition amount you feel you can pay \$ _____

Father _____ Mother _____ Date _____