

Instructions

Make sure that all supporting documentation is provided along with the application. Incomplete applications will not be considered for financial aid. Submission of this application does not guarantee any financial aid. SABA Academy financial aid committee will determine the eligibility and the amount to be granted, if any, based on the criteria set for that purpose. If no financial aid (or partial aid) is granted, it is the full responsibility of the family of the student to guarantee full payment of the tuition and other financial obligations as outlined in the financial agreement. **Note: 1)** Minimum payment per student after award is 20% of the tuition; **2)** Financial Aid does not cover any fees or costs besides tuition; **3)** Submit the completed Financial Aid Application to the Business Office with Processing Fee. Please make the check payable to SABA. Please send copies of financial documents as they will be destroyed once financial aid is processed.

Section 1: Applicants Personal Information

Last Name: _____ First Name: _____ MI _____ Social Sec # _____

Married? Yes No If Yes, Spouse's Last Name: _____ Spouse's: First Name: _____

Address: _____
Street City State Zip

Phones: Home _____ Work: _____ Cell _____

Total number of dependents in your family you claim on your tax return Are you or your spouse self-employed? Yes No

Children's Names (use back of form if need more space)

Last Name	First Name	Date of Birth	Applying to SABA Academy for 2010-11 <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Current School
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Section 2: Financial Information

Family's Gross Income, including earned wages prior to 401K contributions, any unemployment, family leave or disability benefits received, any alimony, child support or charity received, etc.

[a] Your Family's Gross Income for 2008 \$ _____ [b] Your Family's Gross Income for 2009 \$ _____

[c] If you expect your family's income for 2010 to be significantly lower than 2009, what is the estimated amount \$ _____

If you want us to consider your estimated 2010 income, you must submit an explanation of the change that occurred, along with evidence of 2010 income estimate such as paycheck stubs, layoff notice, unemployment benefits, etc., for consideration.

Section 3: Documentation

The following documents must be supplied with this application before due date or application will not be considered.

Federal Tax Return 2008 2009 W2's, 1099's, and all tax forms & earnings statements Proof of 2010 Income (optional, see Sec 2[c])

Section 4: References

Provide the names and phone numbers of two references (other than your immediate family) we can contact regarding your financial need.

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Section 5: Signature and Acknowledgement

1. We hereby certify that the information supplied above is complete and accurate to the best of our knowledge
2. We are obliged to inform the school within three months, if our financial situation changes.
3. Any misinformation provided by us is grounds for dismissal of our child (ren) and/or disqualification from financial aid for two years.
4. The school reserves the right to review our financial status at any time.
5. We understand that FA grants awarded this year, do not guarantee grants for all years and new siblings at GIS.

Applicant's Signature: _____ Date signed: _____

SABA Academy Office use only:

Financial Aid granted? Yes No Full Tuition Amount \$ _____ Family's monthly responsibility: \$ _____

Percent granted _____% Annual financial aid amount: \$ _____ **APPROVALS**

Granted for the months of: _____ Amount granted per month \$ _____ Board/FA Committee _____