



Cathedral of St. John the Divine 1047 Amsterdam Avenue 1002 212-316-7530

www.actprograms.org

Confidential Application for Financial Aid – All financial aid awards are partial

In order to serve the economic diversity of our community, financial aid is granted to families according to criteria established by the Executive Director, the A.C.T. Committee, and the funding source. Families earning \$70,000 or less are eligible for consideration for financial aid; this income restriction may be modified based on the family size. Preference is given to families previously enrolled in A.C.T. and/or given financial aid, families living and/or working in the neighborhood, and single parent families.

Name of parent: _____ New ____ Renewal ____

Application for: Summer Camp After-School Program Preschool

To be considered, this application must be filled out completely with all questions answered, and the following documentation must be attached. Tax forms and W2s must be for the current tax year.

- copy of 1040/1040A tax form _____
- copy of W-2 form _____
- paycheck stub _____
- proof of other income _____
- rent bill or receipt _____
- verification of expenses
(tuition, medical, indebtedness, etc.) _____
- verification of grants, scholarships
(award letter, special subsidy, etc.) _____
- program registration form _____
- registration fee(s) _____

Please return all materials to:

Financial Aid Committee
A.C.T. Programs
1047 Amsterdam Avenue
New York, NY 10025

Office Use Only:

Date received: _____ Date deemed complete: _____

_____ Cost of Program _____ Financial Aid Award

ALL ABOUT THE FINANCIAL AID PROCESS

FORMS, FEES, REFUNDS

1. Financial aid application forms are supplied by the A.C.T. office on request, or they can be downloaded from the ACT website: <http://www.stjohndivine.org/act/pdf/finaid.pdf>

2. Applicants must complete both the financial aid application form and a registration form and submit them together with 50% of the registration fee listed on the registration form.

- When an award is offered, the family can 1) accept the award, or 2) immediately decline the award and receive a full refund of the registration fee. After an award is accepted, any change in the registration will result in the loss of the registration fee and any payments made to date.

- Families that are not granted an award have the option to pay full rate for the program or receive a full refund. After they are notified, space will be held for three business days. If the registration is confirmed, the balance of tuition and any registration fees must be paid by the due date indicated on the registration form.

WHAT HAPPENS NEXT

3. In order for the family name to be added to the list of financial aid applicants to be reviewed, the financial aid application must include all supporting documents. It is the applicant's responsibility to contact the A.C.T. office to verify that the application has been received and deemed complete.

- ***Very Important Note:*** The Committee will begin reviewing applications and awarding financial aid for the Summer Camp at the end of January. Applications will be reviewed **ONLY IF** they are complete and include the current tax year's W2s and 1040 Federal Income Tax Returns.

4. The Financial Aid Committee reviews applications at the end of each month until funds are expended. The Committee may request additional information or clarification before making a final decision. These requests are presented to the family by a member of the A.C.T. staff.

DECISIONS AND DEADLINES

5. Families are notified by mail, by email, or by phone of the Committee's final decision. Families must accept or decline the financial aid grant within 3 business days of notification. Upon acceptance of the award, a letter of understanding is forwarded in duplicate to the head of the household for signature. One copy must be returned to the A.C.T. office within 8 business days of receipt; it is kept on file for two years. A payment plan is stipulated in the letter of understanding.

6. Families that do not accept or decline the financial aid award within 3 business days and/or do not return the letter of understanding by the due date will forfeit the award, any fees, and space in the program.

1. Name of child(ren) _____

2. Home address _____ Apt. # _____
City/borough _____ Zip code _____
Home telephone _____

3. Dependent children – list all, including applicant(s)

<i>name</i>	<i>birthdate</i>	<i>school</i>	<i>tuition paid by family</i>	<i>aid received by family</i>

4. Other dependents, if any _____
5. Adults living at the home address: give name and relationship to child(ren)
 - a. _____
 - b. _____
 - c. _____

6. Parent living elsewhere: give name, relationship to child(ren), address, telephone

7. Employer, business address & telephone of adults listed in 5) and 6) above:
 - 5a) _____
 - 5b) _____
 - 5c) _____
 - 6) _____

8. Income of adults listed in 5) and 6) above – give amounts before deductions.
 - 5a) Earned income _____ + add'tl annual income _____
 - 5b) Earned income _____ + add'tl annual income _____
 - 5c) Earned income _____ + add'tl annual income _____
 - 6) Earned income _____ + add'tl annual income _____
 Non-taxable income (stipends, Social Security, unemployment benefits, etc.) _____

9. Are there any other funds that might be used (assets, gifts, aid from relatives, social service agencies, unions, or any other organizations)? Give details:

10. Expenses – Rent _____ Car(s) _____

Property other than principal residence, indebtedness, any other commitments which should be considered in order to obtain a fair estimate of your financial situation:

11. In what ways might a financial aid award benefit your family over and above relieving financial pressures and providing a good experience for your child(ren)?

12. In light of your budget, what percentage (or dollar amount) of the tuition are you able to pay in order for your child(ren) to attend ACT? Please keep in mind that all financial aid awards are partial.

Please complete the following:

This application is for Summer Camp ASP, Preschool

Cost of Program: _____

Your Contribution: - _____

Amount of Financial Aid Requested: _____

13. Other Comments:

Signature _____ Date _____