



CONFIDENTIAL FINANCIAL AFFIDAVIT – OIS

FINANCIAL AID PROGRAM 2017/2018

OBJECTIVE

The prime object of the Financial Aid Program is the advancement of education by the provision of partial financial aid in Anguilla for (prospective) students attending Omoluolu International School (OIS) - particularly students with the Anguillian nationality or long – time residents, who cannot afford the regular tuition fees.

FINANCIAL AID PROGRAM CRITERIA

The Financial Aid Program shall be restricted to providing financial aid to students registered at O.I.S. The recipients and the amount of financial aid will be determined by a financial aid committee. The information provided by parents in this form is strictly confidential and will not be shared with other persons than the members of the committee.

To be eligible for financial assistance, parents of potential recipients must meet the following criteria:

- ✓ submits the financial aid request form, completed in its entirety, before June 9th, 2017
- ✓ should be a resident in Anguilla for at least two years or must show proof of Anguillian Nationality
- ✓ demonstrate sufficient financial need (detailed criteria to be established by Board/Financial Aid committee based on number of applicants and funds available)
- ✓ demonstrate sufficient financial resources to pay the remainder of the tuition fee and the annual registration fee
- ✓ commit themselves to be actively involved in fundraisers geared towards generating funds for the financial aid fund

An interview with the parents may be part of the financial aid application process as part of the needs assessment. Recipients of financial aid for the current school year are not guaranteed to receive aid for any succeeding year, but need to re-apply on an annual basis.

I, (Name Parent /Guardian) _____

certify that the following information is true regarding my child(ren) listed as follows:

Name: _____ Grade: _____

Name: _____ Grade: _____

Please tick off:

Our/my child(ren) have attended Omololu International School since

Child 1 _____

Child 2 _____

Child 3 _____

This is the first time I want to register my child for school year 2017-18

We/ I as parent(s) apply for financial aid for:

The maximum amount (\$1,500 for Pre-K/K, \$2,000 for Gr 1-6, \$2,200 for Grade 7)

Other Amount (please specify) _____

We/I received financial aid for our/my child in:

2012/2013

2013/2014

2014/2015

2015/2016

2016/2017

None of them

If applicable (for parents who had their child registered at OIS during school year 2016/2017):

Please indicate in which fundraising events you have assisted OIS voluntarily:

Mother/Guardian:

Name: _____

Home Address: _____

Employer: (If self- employed, name business) _____

Business Address: _____

Position Held: _____ Length of time held: _____

Telephone: Business: _____ Residence: _____

Cell: _____ e mail: _____

Base pay rate: _____ () weekly () monthly

Other sources of income: Please specify: () weekly () monthly

XINCOME	
Wages & Salaries	
Other Income	
Total Income	
Expenses/Obligations	
Rent	
Loan Payments	
Mortgage House	
Loan Car	
Others	
Utilities	
Other Expenses*	
Total Expenses	

Please explain your other expenses, if specified at more than zero

You are kindly requested to send copies of your income statements and expenses/obligations.

Father/Guardian:

Name: _____

Home Address: _____

Employer: (If self- employed, name business) _____

Business Address: _____

Position Held: _____ Length of time held: _____

Telephone: Business: _____ Residence: _____

Cell: _____ e mail: _____

Base pay rate: _____ () weekly () monthly

Other sources of income (please specify): _____ () weekly () monthly

INCOME	
Wages & Salaries	
Other Income	
Total Income	
Expenses/Obligations	
Rent	
Loan Payments	
Mortgage House	
Loan Car	
Others	
Utilities	
Other Expenses*	
Total Expenses	

Please explain your other expenses, if specified at more than zero:

You are kindly requested to send copies of your income statements and expenses/obligations

Please tick off:

I WILL COMMIT MYSELF, AS A PARENT/GUARDIAN, TO PARTICPATE ACTIVELY IN FUNDRAISING ACTIVITIES THAT SUPPORT GENERATING FUNDS TOWARDS THE FINANCIAL AID PROGRAM

Name Father / Guardian

Name Mother / Guardian

Signature: _____

Signature: _____

Date: _____

Date: _____

Application checklist: please attach the following:

- Copy of report cards Term 1 (terms 2 and 3 if received from the school)
- Copies of income statements (at least the last 3 months) and expenses (proof of loans/obligations)