



CONFIDENTIAL FINANCIAL AFFIDAVIT - OIS

Tuition Assistance Program 2021 / 2022

Check all that apply:

Current OIS Student: _____

New Student: _____

Grade: _____

Sibling of a current OIS Student: _____

OBJECTIVE

The prime object of the Tuition Assistance Program is the advancement of education by the provision of partial tuition Assistance in Anguilla for (current and prospective) students attending Omololu International School (OIS) - particularly students with the Anguillian nationality or permanent residents, who cannot afford the regular tuition fees.

TUITION ASSISTANCE ELIGIBILITY CRITERIA

The Tuition Assistance Program shall be restricted to providing assistance to students registered at O.I.S. The recipients and the amount of financial aid will be determined by a Tuition Assistance 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 completed aid request form, in its entirety
- must be a permanent resident of Anguilla or must show proof of Anguillian Nationality
- currently enrolled student financial account must be up to date
- demonstrate sufficient financial need (detailed criteria to be established by Board/Tuition Assistance 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 20 hours of volunteer work

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 (years)

Child 1 _____

Child 2 _____

Child 3 _____

- This is the first time I want to register my child for school year 2018-19

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

- The maximum amount awarded is \$1500 usd per child.

Other lesser amount (please specify) _____

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

- 2017/2018
 2018/2019
 2019/2020
 2020/2021
 None of them

If applicable (for parents who had their child registered at OIS during school year 2019/2020):

Please list any 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 (USD or EC)

Other sources of income: Please specify: _____ weekly monthly (USD or EC)

INCOME	
Wages & Salaries	
Other Income	
Total Income	
EXPENSES/OBLIGATIONS	
Rent	
House Mortgage	
Car Loan	
Other	
Utilities	
Other Expenses* List	
Total Expenses	

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 (USD or EC)

Other sources of income: Please specify: _____ weekly monthly (USD or EC)

INCOME	
Wages & Salaries	
Other Income	
Total Income	
EXPENSES/OBLIGATIONS	
Rent	
House Mortgage	
Car Loan	
Other	
Utilities	
Other Expenses* List	
Total Expenses	

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

Please tick off:

O I WILL COMMIT MYSELF, AS A PARENT/GUARDIAN, TO PARTICIPATE ACTIVELY IN FUNDRAISING ACTIVITIES.

Name: Father / Guardian

Name: Mother / Guardian

Signature: _____

Signature: _____

Date: _____

Date: _____

Application checklist: please attach the following:

- Copies of income statements (at least the last 3 months) and expenses (proof of loans/obligations)
- Application form completed with all required signatures

Office Use only:

Date received: _____

All Documents attached: YES NO

If NO what is missing: _____

Office personnel signature: _____

Tuition Committee Decision:

Date: _____

Tuition Assistance Award: (amount in USD) ____\$_____

Tuition Assistance not awarded:

Finding: _____
