

# Financial Aid Application & Disclosure Form

### TYPE OR CLEARLY PRINT ALL INFORMATION IN DARK INK

If you wish to apply for financial assistance please complete this form in its entirety. The program is based on demonstrated and verifiable financial need; incomplete applications will not be forwarded to the financial assistance committee. Please complete the form accurately and with as much detail as possible. The information will be viewed only by school officials and held in strict confidence.

## **PART 1. PERSONAL INFORMATION**

Name of student:				
	FIRST	MIDDLE	LAST	
Date of birth (MM/DI	D/YYYY):	Nationality:		
Is the student currently attending ISK? (Circle one) YES/NO				
Is the student admitted but not yet attending? (Circle one) YES/NO				
Father/Guardian's N	lame:			
Employer:		Position:		
Mother/Guardian's Name:				
Employer:		. Position:		
Residential address:				
Mailing address:				
Home phone:	Ce	ell:		
Business phone:				

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NAME	AGE	SCHOOL & TUITION A		SCHOLARSHIP? YES/NO YES/NO YES/NO YES/NO
STUDENT APPLICANT'S I		IONAL HISTORY		-
Started school				Age
Other schools attended		ame of school/Date started	Date	eses
Grade at ISK this year (		le)		
FUTURE PLANS FOR STU	IDENT'S	EDUCATION		
Upon Completion of High Scho		University		untry
Percentage of ISK fees you ca	n pay			
Number of years you expect to	need fina	ancial assistance		
Additional comments to suppo	•	•	-	

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# TYPE OF FINANCIAL ASSISTANCE REQUESTED

Ple	ease select the program you are applying for in this application.
	<b>Capital Levy Two-year Payment Plan –</b> The one-time Capital Levy for each student may be paid out over a two-year period with only a nominal service fee applied to the balance.
	Capital Levy Partial Waiver – This offers a partial waiver of the one-time Capital Levy. The waiver is not to exceed 50% of the total fee.
	<b>Tuition Assistance Program</b> - A limited number of one-year tuition assistance bursaries are available to students and their families at any grade level whose family demonstrates financial need. The amount ranges from \$500 up to 20% of a family's total tuition costs. A pre-condition for receipt of this financial assistance is an on-going record of satisfactory student academic performance and conduct. It is intended to provide short-term financial assistance; it is not automatically renewed each year. Families who re-apply will be considered in the context of that year's resources and applications from other families.

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## **PART 2: FINANCIAL INFORMATION**

Please specify whether figures are in US\$ or Kenya Shillings and provide supporting documentation for all financial information.

ASSETS		LIABILITIES
Cash or Savings:	Kshs/\$	Loans
Name of bank		Kshs/\$
Home if owned	Kshs/\$	Kshs/\$
Car Value	Kshs/\$	Kshs/\$
Make/year		
Car Value	Kshs/\$	Kshs/\$
Make/year		
Shares of Business Equ	uity Kshs/\$	
Other Assets: (Specify)		Other Liabilities: (Specify)
	Kshs/\$	Kshs/\$
	Kshs/\$	Kshs/\$
	Kshs/\$	Kshs/\$
A. TOTAL ASSETS:	Kshs/\$ B. T	OTAL LIABILITIES: Kshs/\$
C. TOTAL NET WORT	H: Kshs/\$	
*NOTE	: Total Assets minus Total Lia	abilities should equal Net Worth <b>A – B = C</b>

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INCOME (Include Form P9) signed by employers

Father's income from employment		Kshs/\$		
Mother's income from employment		Kshs/\$		
Other income		Kshs/\$		
			Kshs/\$	
TOTAL	. INCOME:		Kshs/\$	
EXPE	NSES			
Income	e Tax paid last calendar year		Kshs/\$	
Housin	g expense		Kshs/\$	(rent?/own)
Cost of	children's current education		Kshs/\$	
Other E	Expenses		Kshs/\$	
			Kshs/\$	
TOTAL	EXPENSES:		Kshs/\$	
OTHE	R INFORMATION			
a.	Does either the Father's or Mot	her's em	ployer p	rovide:
	The electric Allegan	NONE	0	Wall and a second of Malacida
	Housing or House Allowance	NO/YE	5	Value per year Kshs/\$
	Car or Car Allowance	NO/YE	S	Value per year Kshs/\$
	Educational Assistance	NO/YE	S	Value per year Kshs/\$
b.	Please specify			reported the income above? YES/NC
FOR S	SELF-EMPLOYED PARENTS	ONLY		
a.	Name of business			ownership%
b.	Type of business			
C.	Location and mailing address:			
	·		eet	P.O. Box, City
d.	Include copy of your last availal	ble Tax S	Stateme	nt
	Dank reference:			
e. RINN I CR	Bank reference:	5		





### **DECLARATION**

I certify that the information I have given is true in all respects and that I understand that if any information so given is found to be false, the financial assistance will cease immediately and the school will take whatever action necessary to recover amounts disbursed.

I understand that if given financial assistance, the student will be required to meet all requirements for academic work and appropriate behavior.

I understand that the approval of financial assistance for this year in no way obligates ISK to continue with such assistance in subsequent years. Financial assistance decisions will be made each year on the basis of the demonstrated financial need and the child's achievements.

DATE:	NAME:
	Parent/Guardian
	SIGNATURE:











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