



Financial Aid Request

The Scholarship Award Amounts listed in the chart below are awarded on a one-time only per person basis that will be deducted from the tuition.

PLEASE CIRCLE BELOW, THE "PROGRAM NAME" YOU ARE REGISTERING TO ATTEND:

Program Name	Program Name
Business & Computer Tech. (Final Term Only)	C.N.A. (Nurse Asst)
Barbering - Level 3 Only	Electrocardiograph (ECG)
Cosmetology - Level 3 Only	EMT
Esthetician - Level 3 Only	Medical Assistant
Manicuring - Level 2 Only	Pharmacy Tech.
Basic Machine Tech. - (Final Term Only)	Phlebotomy
Carpentry	Respiratory Therapy (Payment 3 Only)
Welding (Final Term Only)	Surgical Tech. (Payment 3 Only)

Scholarships available from 20% to 70% based on documented need and availability of funds.

Conditions for Applying:

1. You must be enrolled or planning to enroll in a course at the Simi Institute for Careers & Education.
2. You must be able to demonstrate a financial need by falling within the 2024 Income Limit Schedule listed below.

2024 Income Limit Schedule - Ventura County

Number of Person in Household	Extremely low 30%	Very low 50%	Low 80%
1	\$29,550	\$49,250	\$78,800
2	\$33,800	\$56,300	\$90,050
3	\$38,000	\$63,350	\$101,300
4	\$42,200	\$70,350	\$112,550
5	\$45,600	\$76,000	\$121,600
6	\$49,000	\$81,650	\$130,600
7	\$52,350	\$87,250	\$139,600

Income limits based upon data published by the U.S. Department of Housing and Urban Development. Effective April 1, 2024

3. Proof of income will be required as follows:

- 4 most recent pay stubs.
- Signed current tax return. If tax returns were not filed, please provide a signed letter stating the reason.
- If applicable, government assistance forms for programs with income limitations, such as Social Security benefits, retirement benefits, disability benefits, unemployment benefits, etc. If you are homeless, you will also be required to provide an "Affidavit of Homelessness" form which can be obtained in our counseling office.
- If currently enrolled in our school, you must have demonstrated satisfactory academic progress, along with continuous attendance of at least 80%. This will be verified by your instructor.

4. Scholarship awards are issued on a **one-time only** basis.

Scholarships cannot be retroactive or made payable to students, but only payable directly towards Simi Institute for Careers & Education Tuition.

I, _____, understand and agree to the above conditions.
Name of Applicant (Print full name)

Signature of Applicant

Date



Financial Aid Application

In order to assist Simi Institute for Careers & Education in meeting the financial assistance objectives, we ask that you provide the following information. This information will be held confidential and maintained in our files.

Name: _____ Date: _____

Other names used: _____

Birthdate: ____/____/____

Address: _____ City: _____ Zip: _____

Select one: Own Home _____ Renter _____ Homeless _____

Cell/Home Phone: (____) _____ Email address: _____

Please check one of the following: Planning to enroll Current student

Program (i.e., Cosmetology, Welding, Business/Computer, Medical): _____

Program start date: _____ Estimated completion date: _____

Have you attended Simi Institute for Careers & Education previously? Yes No

If so, please list program: _____

Have you ever been enrolled in ESL (English as a Second Language) program at our school? Yes No

Did you receive your high school diploma or GED from our school? Yes No

What is the highest grade of school you completed?
(Circle one)

0	10
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19

What is your highest Diploma or degree earned?

- None
- GED Certificate
- High School Diploma
- Technical / Certificate
- Some College / No Degree
- A.A. / A.S. Degree
- 4 Year College Graduate
- Graduate Studies
- Earned Degree outside of the U.S.
- Majority of school was outside of U.S.
- Other



How many persons are living in your household? _____

(Please list below all persons permanently living in your home):

Relationship to Student	Name	Age	Check all that apply	Sex	Annual Income Check all that apply (from all sources)
Applicant			<input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Member #2: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Member #3: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Member #4: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Member #5: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child Other (specify)			<input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Member #6: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child Other (specify)			<input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired



For eligibility based on "individual" income, please check:

Person

For eligibility, based on "household" income, please check:

Household

**

Female Head of Household?

Yes

No

(A female who is the primary income earner with or without children or spouse present)

Race/Ethnicity Reporting:

Race Code/Description	Ethnicity
11. White	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
12. Black / African	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
13. Asian	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
14. American Indian / Alaskan Native	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
15. Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
16. American Indian / Alaskan Native & White	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
17. Asian & White	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
18. Black / African American & White	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
19. American Indian / Alaskan Native & Black	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
20. Other Multi-Racial	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic

** For eligibility based on "Household Income", please include the race and ethnicity of all members of the household. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.



Simi Institute

FOR ALL ADULTS & YOUNG MEN

Have you previously received financial aid or a scholarship used at our school?

Yes

No

If yes, please explain: _____

Please describe to us the following:

1. What are your education and/or professional goals?

2. What makes you the best candidate to receive these funds?

3. Are there any other circumstances beyond the financial information you provided that you would like the scholarship committee to know?

Under the penalty of perjury, I certify that the information provided in this application is true and correct:

APPLICANT SIGNATURE

DATE

For office use only:

Payment is to be applied towards:

Total Amount Awarded: \$ _____

Towards full tuition payment (no follow-up required, OR)

Scholarship Fund: _____

Level/Session 1 Level/Session 2 Level/Session 3 Level/Session 4

Due Date: ____/____/____

Is student former/current ESL student of our school?

Yes

No

Is student former High School or GED graduate of our school?

Yes

No

Simi Institute for Careers & Education Committee Approval (please initial): _____



Verification of Income or Presumed Eligibility

Please indicate by circling the income range that best describes the income for your entire household during the twelve months prior to your application date and provide documentation in support of this information

2024 Income Limit Schedule - Ventura County

Income limits based upon data published by the U.S. Department of Housing and Urban Development. Effective April 1, 2024.

Number of Person in Household	Extremely low 30%	Very low 50%	Low 80%
1	\$29,550	\$49,250	\$78,800
2	\$33,800	\$56,300	\$90,050
3	\$38,000	\$63,350	\$101,300
4	\$42,200	\$70,350	\$112,550
5	\$45,600	\$76,000	\$121,600
6	\$49,000	\$81,650	\$130,600
7	\$52,350	\$87,250	\$139,600

The following section is for staff use only

Staff Name Verification: _____

Signature: _____ Date: _____

Income Verification: Income verification may be obtained by reviewing and keeping on file copies of 4 most recent pay stubs, signed current tax returns, or governmental assistance forms for programs with income limitations. Income verification must be collected and made part of the scholarship file, or evidence must be provided establishing that the person assisted is a beneficiary under another program having income qualification criteria at least as restrictive as that used in the definition of low and moderate income person and household, as identified in the latest Ventura County Low/Moderate Income Table. This would include, but not be limited to, programs such as Job Training Partnership Act (JTPA) and welfare programs. The assisted person may provide verifiable certification from his/her family that their income does not exceed the applicable income limit; or the person assisted may provide evidence that he/she is a referral from a low and moderate state, county or local employment agency or other entity that agrees to refer individuals.

Presumed Eligibility: In addition, the following categories are deemed to be of low/moderate-income: elderly, homeless, persons with AIDS, severely disabled, abused children, battered spouses, illiterate adults and migrant farm workers.

HUD Regulation 208 (a) (2) specified the applicability of the presumption of "severely disabled adults" as defined by the Bureau of Census. The six defining Census Bureau criteria are:

1. Persons 15 years old and over who used a wheelchair or who had used a cane, crutches, or a walker for six months or longer.
2. Persons 15 years and over who were unable to perform one or more functional activities or who needed the help of another person with an ADL or IADL (Activities of Daily Living (getting around the house, getting in or out of bed, taking a bath, shower, dressing, eating, etc);
3. Instrumental Activities of Daily Living (going outside the home, tracking/paying bills, preparing meals, telephone usage, etc.);
4. Persons 16 to 67 years old who were prevented from working at a job or business;
5. Persons 16 to 67 years old and over who were prevented from doing work around the house;
6. Persons 15 years old and over with mental retardation, a developmental disability such as autism or cerebral palsy, or Alzheimer's disease, senility, or dementia (either measure directly or cited as a condition causing a limitation or disability).