



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

Please return all materials to:

In person/mail:

**ACT Programs Financial Aid
1047 Amsterdam Avenue
New York, NY 10025**

Via email:

**act@stjohndivine.org
Please include “Financial Aid Application”
in the subject line of your email**

In order to serve the economic diversity of our community, financial aid is granted to families according to criteria established by the Executive Director 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 family size. Preference is given to families that have previously enrolled in ACT, families living or working in the neighborhood, and single parent families.

To be considered, this application must be filled out completely with all questions answered (“N/A” is not accepted) and all relevant documentation attached. Tax forms and W2s must be for the current tax year.

- This Financial Aid Application
- Current 1040/1040EZ Federal Tax Return (attach the first page only)
- Current Pay Stub (Unemployment, SSI)
- Rent bill or receipt
- Program registration form (from our website, actprograms.org)
- 50% of registration fee
- Proof of Child Support payments (if applicable)
- Proof of termination & severance pay (if receiving unemployment)

Name of Parent: _____ New Application _____ Renewal _____

This application is for: Summer Camp Nursery Afterschool

FOR OFFICE USE ONLY			
Date received: _____		Program Cost: _____	
Deposit: _____	Award: _____	Staff Initial: _____	

ALL ABOUT THE FINANCIAL AID PROCESS

FORMS, FEES & REFUNDS

In order 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 ACT office to verify that the application has been received and deemed complete.

1. Applicants must complete this financial aid application.
2. Applicants must complete a registration form for the program in question.
3. Applicants must submit 50% of the required registration fee listed on the registration form.

If we offer a financial aid award, the family has two options:

- Accept the award
- Decline the award and receive a full refund of the registration fee.

After an award is accepted, any change in registration will result in the loss of the registration fee and any payments made to date.

If we decline to award financial aid, the family has two options:

- Receive a full refund
- Pay the full rate for the program

After notification, program space will be held for three business days. If the registration is confirmed, the balance of tuition and registration fees must be paid by the due date indicated on the registration form.

REVIEW PROCESS

4. We review financial aid applications at the end of each month until funds are fully expended. We will begin reviewing applications and awarding financial aid for Summer Camp beginning in February. Applications will be reviewed ONLY IF they are complete.

DECISIONS & DEADLINES

5. Families will be notified by mail, email or phone of our 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 ACT office within 8 business days of receipt; it is kept on file for 2 years. A payment plan is stipulated in the letter of understanding.

6. Families that do not respond to 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 their space in the program.

1. Child & Parent Information (complete based on number of parents in household)

Child Name: _____ Date of Birth: _____ Gender: _____	
Age as of Sept. 1 st : _____ School Attending: _____	
Program of interest & dates: _____	
Parent 1 Name: _____	Parent 2 Name: _____
Occupation: _____	Occupation: _____
Contact Number: _____	Contact Number: _____
Email: _____	Email: _____

2. Home address: _____ Apt. #: _____

City/Borough: _____ Zip Code: _____

3. Dependents – list all, including applicant(s): _____

4. Parent living elsewhere: _____ Relationship: _____

Address: _____
_____ Telephone: _____

5. Are you receiving child support? If so, how much? _____

[Please include proof of child support with this application]

6. Are you receiving unemployment? If so, since when? _____

[Please include proof of termination and severance pay with this application]

7. Are there any other funds that might be used, such as: assets, gifts, aid from relatives, funds from Social Security, unions, or any other organizations? Give details:

9. Rent/Maintenance: \$ _____

Any other commitments which should be considered in order to obtain a fair estimate of your financial situation:

10. 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)?

11. Given your budget, what 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.

Cost of Program: \$ _____

Financial Aid Requested: \$ _____

Your Contribution: \$ _____

12. Additional information you would like to share that will help us understand your financial situation:

Signature: _____ Date: _____