

OASIS NC
Scholarship Application

Financial Aid Determination

Scholarship applications are accepted throughout the year and scholarships may be awarded at any time throughout the year, provided funds and space are available. OASIS NC Financial Aid Committee will determine which family(ies) receive financial aid when openings and funding are available. These decisions will be based on factors including, but not limited to, the family's demonstration of commitment to their child's educational program. Because financial aid applications will be considered throughout the year, families will ONLY be notified if/when they are being offered financial aid.

Families who have a child with an autism spectrum disorder and who have a total household income of less than \$150,000 will be eligible to apply for financial aid. However, due to limited available funds, not all families who qualify and apply will receive aid. All families who do receive financial aid will be expected to pay at least 50% of their child's fees. After reviewing the application and determination processes below, please feel free to contact us if you have questions.

In order to ensure that your child's financial aid application is considered, please read the following guidelines carefully before completing the application.

- A copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for **every** member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service.

- If you are exempt from filing, based on IRS requirements, you must attach document(s) showing ALL annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), W-2(s), 1099's, interest statements, Medicaid statements, etc.] for every member of your household. If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.

Student Information

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Primary Diagnosis: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Race/Ethnicity: _____ Child lives with: _____

Guardian A Information

Last Name: _____ First Name: _____ M.I.: _____

Profession: _____ Relationship: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Race/Ethnicity: _____

OASIS NC does not discriminate based on sex, gender, race, religion, national origin, disability, or sexual orientation. This information is for statistical purposes and to ensure sensitivity to our students' family dynamic.

Guardian B Information

Last Name: _____ First Name: _____ M.I.: _____
 Profession: _____ Relationship: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Race/Ethnicity: _____

Legal Information

Has the court ever been involved in granting custody? Yes No
 Who has legal custody? _____

Please explain any unusual family expenses or financial circumstances that may alter the information found on your tax return (e.g. recent unemployment, death, etc.)

| Event/Situation | Date(s) |
|-----------------|---------|
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Financial Information

Have you ever applied for an OASIS NC scholarship or financial aid? Yes No
 Have you ever received an OASIS NC scholarship or financial aid? Yes No

Program Applying For: _____
 Total Anticipated Monthly Tuition: \$_____ over _____ months
 (List the full amount that would be due if you did not receive any financial aid.)

Average Family Net Income Per Month: \$_____

Amount of Financial Aid Requested Per Month: \$_____

Attach a basic monthly budget listing your expenses (mortgage/rent, utilities, food, gas, insurance, etc.)

List any family member currently receiving assistance from any governmental agency (e.g. DSS, DHHS, CAP, public housing assistance, food stamps, unemployment, social security, etc.) not reflected on your tax return.

| Source of Support | Person Receiving Support | Avg Monthly Amount | Comments |
|-------------------|--------------------------|--------------------|----------|
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