



Open Door School

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Open Door School offers financial assistance to qualifying families when possible. Making the school and its program accessible for those who might not be able to attend otherwise supports our strong commitment to diversity.

Attached per your request is a financial aid application form accompanied by the worksheet that can help you identify whether your family qualifies for assistance under our formula. Please note that you may qualify for more financial aid than we have available.

The financial aid application form needs to be completed and returned with supporting documentation (as noted on the application) in order for your request to be considered.

Thank you for considering Open Door School. We certainly hope to be able to assist your family.

Open Door School

Financial Aid Application

Instructions: Please answer all questions completely or mark with "NA" if not applicable.

I. General Information

Name of Attending Child/Children _____

Parent or Guardian A _____

Home Address _____

City, State, Zip _____

Home Phone _____ Additional Phone _____

Employer _____ Work Phone _____

Work Address _____

City, State, Zip _____

Parent or Guardian B _____

Home Address _____

City, State, Zip _____

Home Phone _____ Additional Phone _____

Employer _____ Work Phone _____

Work Address _____

City, State, Zip _____

All Members of household:

| <u>Name</u> | <u>Age</u> | <u>Relation</u> |
|-------------|------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Income Information

Monthly Income BEFORE TAX from all Employers _____

Income Information

Monthly Income BEFORE TAX from all Employers _____

Monthly Income from Child Support _____

Monthly Income other _____

Total Monthly Income from all sources _____

Monthly Child Support Payments _____

I. Required Attachment

- Please attach a copy of last year's 1040 or, if unavailable, last year's W-2s
- If 1040 or W-2s are unavailable, you may attach a recent paystub. Monthly income will be calculated through Year-to-Date earnings divided by the number of months of the year as shown by the date on the paystub. (For instance, if the paystub is dated in September, YTD earnings will be divided by 9.)
- Please attach a note if you have specific circumstances where your income is not in monthly increments.
- Please attach a note if there is any reason that your earnings will be significantly different than what is shown on the documentation.

II. Tuition Information

Child's class _____ scheduled tuition _____

Child's class _____ scheduled tuition _____

Based on your income and budget, what do you think you are able to pay per month toward your child(ren)'s tuition? (REQUIRED) _____

III. See Attached Financial Aid Formula: This information is provided for your personal use, should you wish to see how we do our calculations.

IV. Terms of Agreement

Open Door School is a non-profit school. In order to offer financial assistance, we rely solely upon donations raised through an annual fundraiser and individual donations throughout the year. I declare that to the best of my knowledge, the information supplied in this application is true and correct, and that it is a complete statement of all income and resources belonging to me or to any member of my household.

Signed _____ Date: _____

Signed _____ Date: _____

| | |
|---------------------------------|---------------------------------------|
| Office Use Only: | |
| Date application received _____ | Attachments received _____ |
| Total monthly income _____ | Less: standard living allowance _____ |
| Adjusted Income _____ | Calculated Co-pay _____ |
| Aid Offered _____ | Written notice sent _____ |

| | Line | Description | Monthly \$ Amt | Monthly \$ Amt |
|--------------------|------|---|----------------|----------------|
| Income | 1 | Family Monthly Gross Income | | |
| | 2 | Child Support Received | | |
| | 3 | Other Income | | |
| | 4 | Total Income (Add lines 1-3) | | \$0 |
| Expenses | 5 | Child Support Paid | | |
| | 6 | Adjusted Monthly Gross Income (Line 4 minus line 5) | | \$0 |
| Eligibility | 7 | How many live in your household? | | |
| | 8 | Enter allowance amt from the table | | |
| | 9 | Income Adjusted for Allowance (Line 6 minus line 8) | | \$0 |
| | 10 | Family Copay Threshold (Line 9 x .15) | | \$0 |
| | 11 | Monthly ODS Tuition for Family (Reference Registration Form) | | |
| | 12 | Potential Financial Aid (Line 11 minus line 10) | | |

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| Number in Household | Allowance |
|---------------------|-----------|
| 2 | 1322 |
| 3 | 1533 |
| 4 | 1823 |
| 5 | 2149 |
| 6 | 2461 |
| 7 | 2773 |

A positive dollar amount in line 12 indicates that you are eligible for financial aid.
Please submit the financial aid application along with the required support paper.

*Note that a minimum monthly copay at approximately 1/3 of the monthly tuition rate will apply for all families.

*You may qualify for more Aid than we have available. This table is just a guideline so that you may see how much Aid you potentially qualify for.