



# New Day School of Portland

1825 SE Clinton, Portland OR 97202

Tel.: 503-231-7425

## TUITION SCHOLARSHIP PROGRAM

New Day School offers limited tuition scholarship (\$100 per student off the monthly tuition) and is based primarily on New Day School's family income guidelines. This assistance is awarded annually following the school year (i.e. September - August). Current families must reapply for tuition scholarship each year and must provide the required and up-to-date supportive documentation.

Scholarship is awarded contingent on availability of funds and classroom spaces.

The family is not eligible for the scholarship program if the family is already receiving tuition assistance from the government or other institutions.

The scholarship funds cannot be used for any emergency situation.

If the family situation has changed and the family is no longer eligible, the scholarship award will be withdrawn. It will be given to the next family in the wait list.

Scholarship applications are processed confidentially in the order in which they are received. Priority is given to current and alumni families.

While all applications are given due and careful consideration, the school does not guarantee that all applicants will receive assistance. If the scholarship funds run out, the applicants will be added to the wait list.

New Day School admits students, families and staff of any race, religion, sex, national origin, age, disability, marital status, military/veteran status, genetic information, gender identity, or sexual orientation.

### **Scholarship Application Process**

1. Submit a completed scholarship application form and the required and current supportive documentation. (See supportive documentation list below.) These must be submitted together with the completed School Enrollment application. Incomplete applications will not be considered.
2. Applicants must attend a scheduled interview.
3. The vetting process will involve calling applicants' work and personal references.
4. Applicants will be notified of the decision by phone or email. If the decision is to offer award, the notification will include the amount of scholarship.
5. When the family accepts the scholarship award, the person or persons responsible for signing the Parent-School Contract will also sign the scholarship award agreement. The award agreement will

outline the amount of the scholarship, the family's co-payment and other responsibilities related to this award.

**Income guidelines for scholarship award**

Family Size	Gross yearly income
2	\$25,430
3	\$34914
4	\$43101
5	\$50859

**Required Supportive Documentation**

Please submit copies of the following:

1. Previous year's W-2 and IRS Form 1040
2. If employed - last three months' pay-stubs
3. If self-employed - last three months Profit & Loss statements
4. Last 3 months of your bank statements - checking and saving
5. If either parent is a student - proof of school enrollment and financial aid award letter
6. Payment of child support documentation (if applicable)

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# New Day School Tuition Scholarship Application Form

(Please fill up all fields and answer all questions. Submit this completed form along with all required supportive documents. Please **PRINT NAMES** clearly & **use black or blue ink**. Financial information of applicants is used solely to determine scholarship eligibility and will remain confidential. )

(**Applicant** is the person/s responsible for tuition payment)

**Applicant 1:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employment: Full time\_\_\_ Part-time\_\_\_ Employer: \_\_\_\_\_

Job Description : \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

If Self employed, name and business description: \_\_\_\_\_

If Student, name of school : \_\_\_\_\_ Credit Hours Enrolled: \_\_\_\_\_

Scholarship/Financial assistance: \$ \_\_\_\_\_ Portion allocated to living expense: \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employment: Full time\_\_\_\_ Part-time\_\_\_\_ Employer: \_\_\_\_\_

Job Description : \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

If Self employed, name and business description: \_\_\_\_\_

If Student, name of school : \_\_\_\_\_ Credit Hours Enrolled: \_\_\_\_\_

Scholarship/Financial assistance: \$ \_\_\_\_\_ Portion allocated to living expense: \_\_\_\_\_

**Number of Dependent Children:** \_\_\_\_\_ **Children enrolled at NDS** \_\_\_\_\_

If enrolled at NDS:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Other Source of Income (please specify):**

1. \_\_\_\_\_ Amount: \_\_\_\_\_

2. \_\_\_\_\_ Amount: \_\_\_\_\_

**I hereby confirm the truthfulness and accuracy of the information contained herein to the best of my knowledge.**

**Signatures:**

Applicant 1:

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2:

\_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Received by: \_\_\_\_\_ Date: \_\_\_\_\_