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If the family situation has changed and the family is no longer eligible, the scholarship award will be withdrawn.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**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Gross yearly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$25,430</td>
</tr>
<tr>
<td>3</td>
<td>$34,914</td>
</tr>
<tr>
<td>4</td>
<td>$43,101</td>
</tr>
<tr>
<td>5</td>
<td>$50,859</td>
</tr>
</tbody>
</table>

**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: __________________