

# FINANCIAL ASSISTANCE APPLICATION

2022  
-  
2023

PARENT NAME:



## New Horizons Academy Tuition Assistance Program based on need for Families with Children Attending K-12 for 2022-2023 academic year.

This form must be submitted no later than JUNE 15, 2022.

### TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

**Please note: This application requires documentation for income received in 2021.**

1. Detailed copies of all pages and Schedules of your 2021 Federal Income Tax Return Form 1040, 1040A, or 1040EZ (as filed with the IRS) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule(s) A, C, E, F or a statement of dependence, you must provide copies. If you earned income outside the US, provide all income documentation. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all 2021 W-2 Wage and Tax Statement Forms, all 2021 1099/1099R for Interest/ Dividends, Pensions Annuities, and/or Misc. Income Forms for individuals listed in Sections A and B (Please make sure all documentation is copied on regular 8.5 x 11 paper - documentation CANNOT be returned).
3. Documentation of TOTALS AMOUNTS received in 2021 for all Non-Taxable Income (see Section G for specific requirements).
4. This application form completed in its entirety, signed and dated by the individuals listed in Sections A and B.

**IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.**

*Keep a copy of this completed application and all documentation for your records.*

STUDENT NAME:

# FINANCIAL ASSISTANCE FORM // 2022-2023

## A Parent, Guardian, or Other Adult Responsible for Tuition

Check One:      Father      Mother      Other Adult

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Address                      Apt# (if applicable)

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
(Area Code) Primary Phone                      (Area Code) Secondary Phone

\_\_\_\_\_  
E-mail Address (REQUIRED)

\_\_\_\_\_  
Employed by                      How Long?

Preferred Contact:      Primary Phone      Secondary Phone      E-mail

If you are self-employed, please check and refer to Section K of this form.

## B Parent, Guardian, or Other Adult Responsible for Tuition

Check One:      Father      Mother      Other Adult

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Address                      Apt# (if applicable)

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
(Area Code) Primary Phone                      (Area Code) Secondary Phone

\_\_\_\_\_  
E-mail Address (REQUIRED)

\_\_\_\_\_  
Employed by                      How Long?

Preferred Contact:      Primary Phone      Secondary Phone      E-mail

If you are self-employed, please check and refer to Section K of this form.

## C DEPENDENTS: List all dependent children in order of oldest to youngest. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc. **DO NOT LEAVE BLANK.**

Number of dependent children who will attend a tuition charging school in the fall of 2022?				
# in Daycare/Pre-K: _____	# in Elementary: _____	# in Secondary: _____	# in College: _____	<b>Total:</b> _____

Dependent Full Name	Date of Birth	Relation to Parent/Guardian A	Name of school student plans to attend in the Fall of 2022	Grade Level	Yearly Tuition charged?	Applying for aid for 2022-2023?		Received aid for 2022-2023?		Amt paying toward tuition? (Per Year)
						Yes	No	Yes	No	

## D HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2022-2023 school year:

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other\* \_\_\_\_\_

\*If Other, please explain \_\_\_\_\_

2. Current marital status/housing arrangement of Parent/Guardian A:

Single                      Divorced                      Other\*  
  
Married                      Separated

\*If Other, please explain \_\_\_\_\_

**E TAXABLE INCOME**

The 2020 federal tax return for student's household was:

Filed

Not filed yet (see **Required Documentation** section)

I/We do not file. - Go to Section F

	Actual 2020	Actual/Est. 2021
1. Total number of dependents claimed on Federal Income Tax form.	<input type="text"/>	<input type="text"/>
2. Wages, salaries, tips, etc. as reported on your IRS 1040 line 1.	\$ _____	\$ _____
3. Other Income as reported on your IRS 1040 line 8. (Attach Schedule 1 from your IRS 1040)	\$ _____	\$ _____
4. Total Income as reported on your IRS 1040 line 9.	\$ _____	\$ _____
5. Adjustments to Income as reported on your IRS 1040 line 10 (Attach Schedule 1 from your IRS 1040).	\$ _____	\$ _____
6. Total "Adjusted Gross Income" as reported on your IRS 1040 Line 11.	\$ _____	\$ _____
7. Taxable Income as reported on your IRS 1040 Line 15	\$ _____	\$ _____
8. Total Tax as reported on your IRS 1040 line 24.	\$ _____	\$ _____

**F NON-TAXABLE INCOME**

List the total amount received from 01/01/21 - 12/31/21 for all recipients in the household. Do not list monthly amounts.

- Child Support \$ \_\_\_\_\_ per year
- Cash Assistance (TANF) \$ \_\_\_\_\_ per year\*
- Food Stamps (SNAP) \$ \_\_\_\_\_ per year\*
- Social Security Income (SSA/SSD, etc.) \$ \_\_\_\_\_ per year\*
- Housing Assistance (Sec. 8, HUD, etc.) \$ \_\_\_\_\_ per year\*
- Other non-taxable income (Working for cash, Worker's Comp, Disability, Pension, Retirement, etc.) \$ \_\_\_\_\_ per year\*
- Total non-taxable income for 2021 \$ \_\_\_\_\_ per year

\*You must provide 2021 YEAR-END documentations for items 2 -6; either a YEAR-END statement from the appropriate Public Agency, or documentation showing totals from 01/01/21 - 12/31/21.

**G HOUSING INFORMATION (Do not leave blank)**

- Do you rent or own your residence? Rent Own (go to line 3)
- If renting, what is the monthly rental payment? \$ \_\_\_\_\_ per month
  - Are you current on your monthly payment? Yes No
  - If No, what was the total amount paid in 2021 \$ \_\_\_\_\_
- If you own a residence:
  - What is your monthly mortgage payment? \$ \_\_\_\_\_ per month
  - Are you current on your monthly payment? Yes No
  - If No, what was the total amount paid in 2021 \$ \_\_\_\_\_

**H SPECIAL CIRCUMSTANCES (Check all that apply to your situation within the past 12 months)**

Loss of Job	Change in work status	Death in the family	Medical Expenses
Recent separation/divorce	Income reduction	Bankruptcy	High Debt
Change in family living status	Illness or Injury	Child support reduction	Other (explain in Section I)

**I EXPLANATIONS (Use this space to explain any answers which may need clarification.)**

**CERTIFICATION, AUTHORIZATION, & DOCUMENTATION REQUIREMENTS**

**WHAT IS REQUIRED TO PROCESS THIS APPLICATION**

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)

Only complete applications with all required documentation will be processed on a first come, first serve basis.

1. This application form filled out in its entirety, SIGNED AND DATED below by the Parent(s)/Guardian(s) listed in Sections A and B.

**If you have filed a 2021 IRS Form 1040**  
A complete photocopy of your 2021 Form 1040 (as filed with the IRS, including all Schedules).

**If you have not yet filed a 2021 IRS Form 1040**  
A complete photocopy of your most recent Form 1040 (as filed with the IRS, including all Schedules). 2021 W-2 Forms, 2021 1099/1099R, or 1098 Forms for Parent(s)/Guardian(s) A & B.

**If you do not file an IRS Form 1040 and receive only non-taxable income:**  
Photocopies of your 2021 YEAR-END Social Services statement (TANF, etc.). Food Stamp documentation, Housing Assistance documentation, SSA/SSI statements showing total amounts received in 2021.

I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. In accordance with my/our application to the Financial Assistance Committee of New Horizons Center for Learning for financial assistance on behalf of my/our child \_\_\_\_\_ ("Student"). I/we hereby authorize New Horizons Center for Learning and/or its representatives to take any or all of the following actions:

- A. To obtain any information which New Horizons deems reasonably necessary to verify or ascertain the accuracy of the information contained in this application or otherwise concerning my/our financial affairs;
- B. To obtain any information which New Horizons deems reasonably necessary to verify or ascertain information about "Student" from any school previously attended by "Student";
- C. To provide any and all information set forth in this application or obtained pursuant to paragraphs "A" and/or "B" above to any organization, foundation, individual, or entity offering or providing financial support or aid of any kind to New Horizons Center for Learning or any of its students.

I/We hereby authorize and consent to the release of any or all such information to or by New Horizons Center for Learning and/or its representatives. I/We acknowledge and agree that I am/we are executing this Authority for Release of Information freely and voluntarily and that I have a right to receive a copy of it.

I/We further release New Horizons Center for Learning, its employees, agents, and representatives, from any and all liability for damages of whatever kind or nature which may at any time accrue to me/us on account of any action taken in furtherance of this Authority for Release of Information.

Should any recipient of this Authority for Release of Information have any questions concerning the validity of this authorization, you may contact me/us at the telephone number set forth below.

\_\_\_\_\_  
Signature of Parent A/Guardian A

\_\_\_\_\_  
Signature of Parent B/Guardian B

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number