



Advancing  
the Community  
of Tomorrow

**Confidential Application for Financial Aid**

All Financial Aid awards are partial.

Please return all materials to:

In person/mail:  
**ACT Programs Financial Aid**  
**1047 Amsterdam Avenue**  
**New York, NY 10025**

Via email:  
**act@stjohndivine.org**  
**Please include “Financial Aid**  
**Application” in the subject line**

To serve the economic diversity of our community, financial aid is granted to families according to criteria established by the Executive Director and the funding source. Families earning \$70,000 or less are eligible for consideration for financial aid—this income restriction may be modified based on family size. Aid is awarded on a need-based basis.

To be considered, this application must be filled out completely with all questions answered (“N/A” is not accepted) and all relevant documentation attached. Tax forms and W2s must be for the current tax year.

- This Financial Aid Application
- Current 1040/1040EZ Federal Tax Return (attach the first page only)
- Rent bill or receipt
- Program registration form (from our website, [www.actprograms.org](http://www.actprograms.org))
- Proof of Unemployment, SSI (if applicable)
- Proof of termination & severance pay (if receiving unemployment)
- Proof of Child Support payments (if applicable)

Name of Parent: \_\_\_\_\_ New Application \_\_\_\_\_ Renewal \_\_\_\_\_

This application is for:  Summer Camp  Afterschool

<b>FOR OFFICE USE ONLY</b>		
Date received: _____	Program Cost: _____	
Deposit: _____	Award: _____	Staff Initial: _____

# ALL ABOUT THE FINANCIAL AID PROCESS

## REVIEW PROCESS & TIMELINE

**Summer Program** - The deadline to apply for financial aid is April 1<sup>st</sup>.

**Afterschool** – We accept financial aid applications on a rolling basis, until funds are fully expended.

## REQUIREMENTS

Financial Aid applications will not be reviewed if they are incomplete; all supporting documents must be submitted along with the application. It is the applicant's responsibility to contact the ACT office to verify that the application has been received and deemed complete.

1. Applicants must complete this financial aid application, along with all supporting documents.
2. Applicants must complete a registration form for the program in question.

## DECISIONS & DEADLINES

3. If we offer a financial aid award, the family has two options:

- Accept the award
- Decline the award

Families will be notified via email of our final decision and will then have three business days to accept or decline the award. If declined, no further action is necessary.

If accepted, ACT will coordinate a payment plan with the family, who must sign a contract and submit a deposit within five business days of acceptance.

Families that do not respond to the decision within three business days, or do not sign the contract and submit the deposit within five business days of acceptance will forfeit the award, any fees paid to date, and their space in the program.

**After an award is accepted, no registration changes can be made.** Any change in registration or failure to attend the program will result in loss of registration fee, loss of payments made to date, and loss of eligibility for financial aid for any future ACT programs.

4. If we decline to award financial aid, the family may pay the full rate for the program.

1. Child & Parent Information (complete based on number of parents **in household**).

Child Name: _____ Date of Birth: _____ Gender: _____	
Age as of Sept. 1 <sup>st</sup> : _____ School Attending: _____	
Program of interest & dates: _____	
Parent 1 Name: _____	Parent 2 Name: _____
Occupation: _____	Occupation: _____
Contact Number: _____	Contact Number: _____
Email: _____	Email: _____

2. Home address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Dependents – list all, including applicant(s): \_\_\_\_\_

4. Parent living elsewhere: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Are you receiving child support? If so, how much? \_\_\_\_\_

**[Please include proof of child support with this application]**

6. Are you receiving unemployment? If so, since when? \_\_\_\_\_

**[Please include proof of termination and severance pay with this application]**

7. Are there any other funds that might be used, such as: assets, gifts, aid from relatives, funds from Social Security, unions, or any other organizations? Give details:

\_\_\_\_\_

\_\_\_\_\_

9. Rent/Maintenance: \$ \_\_\_\_\_

Any other commitments which should be considered to obtain a fair estimate of your financial situation:

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10. In what ways might a financial aid award benefit your family over and above relieving financial pressures and providing a good experience for your child(ren)?

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11. Given your budget, what amount of the tuition are you able to pay for your child(ren) to attend ACT? Please keep in mind that all financial aid awards are partial.

Cost of Program: \$ \_\_\_\_\_

Financial Aid Requested: \$ \_\_\_\_\_

Your Contribution: \$ \_\_\_\_\_

12. Additional information you would like to share that will help us understand your financial situation:

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