Capitol School of Austin

Dear Scholarship Applicant,

Thank you for your interest in the scholarship program. Our program is designed for families with incomes **below moderate income levels** for the Austin-Round Rock Metropolitan Area; income eligibility does not guarantee that an applicant will qualify for tuition assistance. Unusual personal or family circumstances, acceptance into support programs such as CHIP, SNAP, or TANF, or other financial need will be considered in scholarship recipient selection.

Scholarships are available only to CSA students during their enrollment and will be applied to their monthly tuition bill. Scholarships are awarded based upon these criteria:

1. A family's financial needs,
2. The needs of other families applying for assistance, and
3. The amount available scholarship funds.
4. To assist as many families as possible each year, **the maximum assistance awarded to any family is 50% of tuition**.

The Board of Directors Scholarship Committee makes all scholarship awards; administrative and classroom staff do not review a family's financial information. All information provided to Capitol School is strictly confidential.

Applications, including supporting documentation, can be hand delivered to CSA's office or may be mailed to Capitol School of Austin 2011 W. Koenig Lane, Austin, TX 78756. In either case, please print **"ATTN: CSA SCHOLARSHIP"** in bold lettering on the outside of the envelope. You may also scan and email all documents to: **csa@capitolschool.com**

Deadlines:
For continuing students, scholarship applications are due with completed registrations forms for fall semester enrollment. CSA may also consider scholarship needs at additional times. CSA will notify scholarship recipients by letter. For new students, applications may be submitted upon acceptance by the Admissions Dismissal Review Committee (ADRC) into the CSA program.

Sincerely,

THE CAPITOL SCHOOL BOARD OF DIRECTORS

Texas Language Learning Alternatives, dba Capitol School, is a not-for-profit 501(c)3 corporation funded by tuition and fundraising. Capitol School of Austin admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. CSA does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered program.

CSA SCHOLARSHIP APPLICATION POLICY
All Information Submitted is kept Strictly Confidential

All required documents for the scholarship application should be received in one complete packet. **Applications will not be considered until all information requested below is submitted.** If a particular document cannot be included, please explain why it has not been provided. **Please check off each of the documents you have enclosed with your package.** If not applicable, please write "n/a" on the line provided. All documents become the property of CSA and will not be returned to the applicant.

All applications must include the following items. Additional information may be requested by the Scholarship Committee.

_____ **Completed Application Form** (typed or neatly printed)
The application must provide complete financial information applicable to the student's parents or guardian.

_____ Parents', Guardian's or Family's ***signed*** **Federal Income Tax Returns and W2 forms** for the two preceding years

_____ **Proof of Current Income –** pay stubs for last three months

_____ **Current Bank Account Statements –** for two months

_____ **Retirement/401K Account Statements –** current and prior annual end-of-year statements

_____ **Investment Account Statements –** current and prior annual end-of-year statements

_____ **Personal Statement** explaining the family's financial situation or particular hardship, which creates a need for financial assistance (please limit to 3 pages, double spaced)

_____ **Medical Insurance Card –** copy of front and back

_____ If you are divorced or legally separated, a copy of your court-ordered **custody arrangements,** order for **child support** and/or **alimony.**

_____ **Documentation** showing all additional income, including but not limited to:
_____ **Welfare/CHIP/SNAP/TANF assistance –** award letter(s)
_____ **Social Security Pension, Survivor or Disability –** award letters (s)
_____ **Trust Income**
_____ **Other: Business Income, Capital Gains, Royalties, etc.**

_____ Additional documentation showing the need for financial assistance. On the lines provided below, Please list each of the additional documents that you have attached:

_____

_____

Capitol School of Austin

AUTHORIZATION RELEASE FORM FOR FACT CHECK

In connection with Capitol School of Austin (CSA) and its evaluation of my application for financial assistance, I hereby authorize CSA to perform all checks of my application as allowed by law, including, but not limited to, discussions with, by, and between CSA Board of Directors, CSA employees, human resource staff at my place of employment, office of registration or administration staff at my institution of learning, insurance company(ies), and/or other individuals that CSA, in its sole discretion, believes may possess relevant information regarding the need for financial assistance or tuition scholarship to CSA. Copies of all documents submitted to or obtained by CSA become the property of CSA and will not be returned to the applicant or to the providing entity.

Applications will not be considered without complete information and signature below.

_____ _____

SIGNATURE (circle one: Father, Mother, Guardian) **DATE SIGNED**

_____

NAME PRINTED

_____ _____

SIGNATURE (circle one: Father, Mother, Guardian) **DATE SIGNED**

_____

NAME PRINTED

_____

Student's Name, Printed

CSA SCHOLARSHIP APPLICATION

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CSA Student's Name: _____

Parents' Marital Status: _____

Residence Address: _____

Mailing Address, if different: _____

Amount of tuition scholarship request (50% max): $ _____ for: o School Year o One Semester Only

Have you requested assistance from CHIP (Children's Health Insurance Program)? o Yes o No

Have you requested assistance from SNAP (Texas' food stamps program)? o Yes o No

Have you requested assistance from TANF (Temporary Cash Assistance for Needy Families)? o Yes o No

If no, please explain why not:

Family Information

List names of family members living together (specify relationship):		
First and Last Name	Relationship	Occupation, if applicable
1		
2		
3		
4		
Add page for additional names and check here ◯		
Contact information	Parent 1	Parent 2
Email Addresses:		
1		
2		
Phone numbers - asterisk your preferred number for contact:		
Cell phone number		
Work number		
Other number		

CSA SCHOLARSHIP APPLICATION

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Personal Funds (Itemize cash, savings, etc.)

	$
	$
	$
	$
	$
	$

Personal Debt (list current outstanding credit card balances and loans balances)

	$
	$
	$
	$
	$
	$

Family Income

Provide family member name with source of income, i.e., earnings from employer, self-employment or unearned income source:			
Family member's name with job position or job title or description of principle business or service, including product or service or any other income source, e.g., gifts or Social Security Payments Received	Employer Name and Address, self-employment description or institution name for other income sources, i.e., interest, dividends, real estate investments, etc.	For Employers, provide HR Director's name and telephone number	Annual Income
			$
			$
			$
			$
			$
			$
			$
			$
TOTAL INCOME			$
Add page for additional income sources and check here ◯			

Alimony/Child Support

Provide monthly alimony/child support payments received, if divorced	$

CSA SCHOLARSHIP APPLICATION

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Family Expenses

Provide monthly family expenses:	
If attending other therapies, have you also requested assistance from those programs? o Yes o No If so, provide details of student's additional outside therapies Gross Amount $_____ Subsidy: $_____ Net: $_____	
Housing:	
If own, provide mortgage payment including escrow	$
If rent, provide monthly payment	$
Transportation - enter the year/model and make for each of your cars plus monthly payment:	
1	$
2	$
3	$
Living expenses - provide that average monthly expense:	
Electricity	$
Water and Wastewater	$
Trash Collection	$
Natural Gas Utility Service	$
Auto expenses (not payment, but rather repairs, fuel, etc.)	$
Medical Expenses	$
Food	$
Cable	$
Telephone	$
Cell Phone	$
Internet Connection	$
Credit Card Debt Payment	$
Other Monthly Expenses (provide listing on attachment)	$
Other Major Expenses (provide listing on attachment)	$
TOTAL EXPENSES	$
Add page for other monthly and major expenses, but enter totals for each in column to right and check here ◯	

Medical Insurance Information

If the student is covered by health insurance, please provide the following:	
Company	
Policy Number	
Name of Insured	
Phone Number	

CSA SCHOLARSHIP APPLICATION

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I hereby certify that all of the above information is true, correct, and complete to the best of my knowledge. I understand that at any time if there are changes in my financial situation occur, I am obligated and required to inform Capitol School of Austin.

_____ _____

Signature (Circle One: Father, Mother, Guardian) **Date**

_____

Print Name

_____ _____

Signature (Circle One: Father, Mother, Guardian) **Date**

_____

Print Name

Student's Name: _____

Important note: All submitted documents become the property of Capitol School of Austin and will not be returned.