

Financial Assistance Application Form 2018/19

In order to be considered for Financial Assistance with Tuition Fees and/or Capital Levy, parents must complete **ALL relevant** sections of this form and submit together with requested supporting documentation. All information will be held in the strictest confidence by ISU. Worldwide income, expenses, assets & liabilities should be included and all figures should be given in United States Dollars (if converting from Uganda Shillings please use the rate of 3600 Ugx = 1 \$US). Incomplete applications will not be considered.

Please return this form to the ISU Business Office by Wednesday 2 May 2018, or on enrolment if later.

Please note for first time applicants, financial assistance will not be offered where grade level is full or close to full.

I/We wish to apply for assistance with (please tick one box only)

Capital Levy Only Tuition Fees Only Tuition Fees & Capital Levy

If applying for assistance with **Capital Levy** only, please complete sections **I. VI. VII.** and Section **VIII. Applicants Declaration**. Applicants for Tuition Fees should complete **ALL** sections.

I. General Information

	Full Name of Student	Date of Birth	Grade Level 2018-19	No. of Years Completed at ISU	Amount (%) of Assistance Requested*
1.					
2.					
3.					
4.					
5.					

*Refer to Financial Assistance guidelines for information on the maximum amounts available

Student(s) Living with: Parents _____ Father _____ Mother _____ Guardian _____

Period of Residence in Uganda: From _____ Life _____ To: _____

Contact Details	Father	Mother
Name:		
Mobile No:		
Other Telephone No:		
Email:		
Alternative Email:		
Physical Home Address in Uganda		
Mailing Address		

Other Dependent Children Not Attending ISU						
	Full Name	Age	Current School/University	Grade	School/University Fees Paid 2017/18	School/University Fees Due 2018/19
1.						
2.						

Employment/Work Details	Father	Mother
Employer's Name		
Position		
Company Address		
Supervisor's name and cell phone number (may be contacted by ISU)		
OR If Self Employed – complete section below		
Business Details	Father	Mother
Name and address of Self Owned Business(es)		
Company Registration Number		
Company TIN		
No. of years in business		

II. Annual Income and Expenses – Prior Year and Current Year
For the Income Tax Year 1 July – 30 June

Actual 2017/18	Father	Mother	Total
INCOME: Annual salary or profits from business			
Annual rental income			
Annual royalties/dividends			
Consultant fees			
Other income			
Total Annual Income 2017/18			
Tax Paid 2017/18			
Total Annual Income After Tax			
EXPENSES: Medical Expenses/Insurance not covered by employer			
Rent/Mortgage			
College Loan/Other Loan payments			
ISU School Fees (Amount Paid after Assistance)			
Other School/College Fees			
NET DISPOSABLE INCOME 2017/18			

List any other benefits associated with your Employment, with values (E.g. Housing, Furniture, Utilities, Car, Flights, Educational Allowances, etc)

Anticipated Income – 2018/19		Father	Mother	Total
INCOME:	Annual salary or profits from business			
	Annual rental income			
	Annual royalties/dividends			
	Consultant fees			
	Other income			
Total Anticipated Income 2018/19				
Anticipated Tax to be Paid 2018/19				
Expected Total Annual Income After Tax				
EXPENSES:	Medical Expenses/Insurance not covered by employer			
	Rent/Mortgage payments			
	College loan/Other loan payments			
	School / College Fees (non-ISU)			
NET DISPOSABLE INCOME 2018/19				

List any other benefits you currently receive from your Employment, with values (E.g. Housing, Furniture, Utilities, Car, Flights, Educational Allowances, etc)

A letter of verification of salary and benefits should be included in the supporting documents attached to this application.

IV. Assets and Liabilities

ASSETS	Total US\$
Total Cash, Savings and Current Accounts	\$
Name of Bank: _____ Account No: _____	
Name of Bank: _____ Account No: _____	
Retail Market Value of Current Home (if Owned)	\$
Retail Market Value of any Property	\$
Vehicles (please include make, model and year) 1.	\$
2.	\$
If Self-Employed, value of Business Equity	\$
Name of Business _____	
% Owned _____	
Include Audited Financial Statements for last Two Years	
Value of any Investments: stocks, bonds & others	\$
Other _____	\$
TOTAL ASSETS	\$

V. Liabilities

Liabilities (US\$)	Total US\$
Mortgages	\$
Car loans	\$
Credit card debt	\$
Other long term debt	\$
Other short term debt	\$
Other (please specify) _____	\$
TOTAL LIABILITIES	\$

VI. Supporting Documents - the following documents must be included with your Financial Assistance Application

NEW APPLICATIONS - CAPITAL LEVY ONLY

1. Copy of Passport or National ID (if Ugandan)
2. Letter of Verification of Income, Benefit and Tax Paid from Employer

NEW APPLICATIONS – TUITION/CAPITAL LEVY

1. Copy of Passport or National ID (if Ugandan)
2. Letter of Verification of Income, Benefit and Tax Paid from Employer – if employed
3. Audited Financial Statements for last two years – if self-employed
4. Real estate valuation from appropriate agencies within the last three years.
5. Documents supporting amount and term of liabilities (mortgages, loans, etc.)
6. Copies of all bank account statements the last six months
7. Copy of statement for each credit card (last 3 months)
8. Copy of the last 2 years income tax returns

CONTINUING APPLICATIONS – Families receiving financial assistance in 2017/18

1. Copy of Passport or National ID (if Ugandan)
2. Letter of Verification of Income, Benefit and Tax Paid from Employer – if employed
3. Audited Financial Statements for last financial year – if self-employed
4. Copies of all bank account statements the last three months

VII. Additional Information: Please include below any additional information which you feel the Head of School/Business Manager may need to consider in order to more effectively evaluate your application. Use additional paper if necessary.

VIII. APPLICANT DECLARATION

In applying for financial assistance from the International School of Uganda (ISU) I declare that the answers to the questions in this application are true and complete. I understand the necessity for confidentiality. I also understand that assistance may be revoked for any of the following reasons:

- 1) if any of the information provided in this report proves to be false or deliberately misleading
 - 2) if the student receiving the assistance demonstrates academic or social behaviour not consistent with the goals of the school
- I/We confirm that we would have financial difficulty in paying the full ISU tuition/capital levy fees for our child/children
 - I/we do not receive ANY financial support from my/our employers or any other source towards the cost of school fees.
 - I/We give permission for the Head of School/Business Manager to contact my/our employer(s) or other relevant people for references in relation to this application.
 - I/We agree to pay the balance of all fees by the stipulated due dates.

Signature of Parent(s) or Guardian(s) of Financial Assistance applicant(s):

_____ Date: _____
Signature - Mother

_____ Date: _____
Signature - Father

For confidentiality please ensure all required supporting documents are enclosed or attached and returned only to the Business Manager.

Please note that incomplete applications will not be considered.