

## Financial Assistance Application Form 2025/2026

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 3,700 Ugx = 1 \$US). Incomplete applications will not be considered.

Please return this form to the ISU Business Office by Monday 9 June 2025, 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 2025-26	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 \_\_\_\_x\_\_\_\_ 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 2024/25	School/University Fees Due 2025/26
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)		
<b>OR If Self Employed – complete section below</b>		
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 2024/25	Father	Mother	Total
<b>INCOME:</b> Annual salary or profits from business			
Annual rental income			
Annual royalties/dividends			
Consultant fees			
Other income			
<b>Total Annual Income 2024/25</b>			
<b>Tax Paid 2024/25</b>			
<b>Total Annual Income After Tax</b>			
<b>EXPENSES:</b> 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			
<b>NET DISPOSABLE INCOME 2024/25</b>			

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

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Anticipated Income – 2025/26		Father	Mother	Total
<b>INCOME:</b>	Annual salary or profits from business			
	Annual rental income			
	Annual royalties/dividends			
	Consultant fees			
	Other income			
<b>Total Anticipated Income 2025/26</b>				
<b>Anticipated Tax to be Paid 2025/26</b>				
<b>Expected Total Annual Income After Tax</b>				
<b>EXPENSES:</b>	Medical Expenses/Insurance not covered by employer			
	Rent/Mortgage payments			
	College loan/Other loan payments			
	School / College Fees (non-ISU)			
<b>NET DISPOSABLE INCOME 2025/26</b>				

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:		
Name of Bank:		
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		\$
<b>TOTAL ASSETS</b>		\$

## V. Liabilities

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

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

### **NEW APPLICATIONS - CAPITAL LEVY ONLY**

1. Letter of Verification of Income, Benefit and Tax Paid from Employer
2. Audited Financial Statements for last two years – if self-employed

### **NEW APPLICATIONS – TUITION/CAPITAL LEVY**

1. Letter of Verification of Income, Benefit and Tax Paid from Employer – if employed
2. Audited Financial Statements for last two years – if self-employed
3. Documents supporting amount and term of liabilities (mortgages, loans, etc.)

### **CONTINUING APPLICATIONS – Families receiving financial assistance in 2024/25**

1. Letter of Verification of Income, Benefit and Tax Paid from Employer – if employed
2. Audited Financial Statements for last financial year – if self-employed

**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. The PDF is fillable below:

## 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):

\_\_\_\_\_  
Signature - Mother

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

\_\_\_\_\_  
Signature - Father

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

**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.***