

THE INTERNATIONAL SCHOOL OF PRAGUE (ISP)

CONFIDENTIAL FINANCIAL ASSISTANCE FORM

In order to apply for financial aid, it is necessary to submit this application form, a cover letter explaining the details of the circumstances requiring financial assistance and other documents requested to support the application to the Financial Assistance Coordinator (a list of requested documents is attached). If additional space is required in answering any of the questions, please attach extra pages. All information will be held in the strictest of confidence by the school. (Note: please cite all figures in Euro or Kc currency).

Names of parents, stepparents or guardians:

_____	_____
Last	First
_____	_____
Last	First

School year for which aid is requested:

A FAMILY RESPONSIBILITY:

1 Child/children for whom aid is requested:

Name	Date of birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

2 Other dependent children:

Name	Date of birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

3 Other dependents. Please indicate degree of support (full or partial) and approximate annual cost.

Name	Relationship	Degree of Support	Annual Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d Medical and dental expenses:

Describe extent to which employer pays your family’s medical and dental expenses (please attach copies of bills):

e Life Insurance policies (please attach documentation)

Type of Insurance:	_____
Annual premium:	_____
Face value:	_____
Present cash value:	_____

f Other assets

Please list real estate holdings other than your own home; stocks, bonds, bank deposits, and their current value; and approximate annual income you receive in rent, dividends, or interest. (Please attach all documentation.)

Type of asset	Current value	Annual income
_____	_____	_____
_____	_____	_____
_____	_____	_____

g Income tax

In what country did you last pay a full year’s national income tax?

Tax year for which you paid (date) _____ **to** _____

Gross income you reported for the year _____

Total tax: _____

Extent to which above tax was paid by employer (amount): _____

(Attach copies of all income tax documentation for past three years.)

C NEED:

- 1 Please describe any special family circumstances, not covered by your answers previously, that will help explain your situation and need (attach on separate sheet).
 - 2 Minimum amount of aid you consider necessary in order to keep your child in the International School of Prague for the school year. Please explain the calculation that led you to this sum.
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D DECLARATION:

In applying for financial aid from the International School of Prague, 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 aid may be revoked for any of the following reasons:

- 1 If any information about the amount of assistance is disclosed within the ISP community.
- 2 If the child receiving the assistance does not maintain an acceptable academic standing in his/her grade and if he/she does not assume the obligations of good conduct and citizenship.
- 3 If the child becomes a discipline concern.
- 4 If any of the information provided in this report proves to be false or deliberately misleading.

Father's/Stepfather's/Guardian's Signature: _____

Mother's/Stepmother's/Guardian's Signature: _____

Date: _____