

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 complete list of requested documents is published on www.isp.cz in the section Admission/Financial Aid). All information will be held in the strictest of confidence by the school and following GDPR requirements.

(Note: please cite all figures in Euro or Kc currency).

Names of parents, stepparents or guardians:

Last name	First name
_____	_____
_____	_____

School year for which aid is requested: _____

Minimum amount of aid you consider necessary in order to keep your child in ISP for the school year.

Please describe any special family circumstances, not covered by your following answers that will help explain your situation and need (please attach on separate sheet). If additional space is required in answering any of the questions, please attach extra pages.

A FAMILY MEMBERS:

1 Child/Children for whom aid is requested:

Full name	Date of birth	Grade <i>(of year for which financial assistance applied for)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2 Other dependent children (for whom aid is not requested):

Full name	Date of birth	Grade
_____	_____	_____
_____	_____	_____

3 Other dependents if any, e.g. adults supported by your family. Please indicate degree of support (full or partial) and approximate annual cost.

Full name	Relationship	Degree of Support	Annual costs
_____	_____	_____	_____
_____	_____	_____	_____

B FAMILY SITUATION:

1 Employment/Own Business :

Parent 1

Name: _____

Company: _____

Position held: _____

Parent 2

Name: _____

Company: _____

Position held: _____

2 Income:

a Regular cash income - please itemize and list all family income anticipated for the period of the upcoming year (e.g. employment, own business, income from rental, child support, etc.). Please submit a copy of your Czech (and/or other) income tax return for the **past three years.**

Type of Income	Gross Amount	Comment

b Life Insurance policies (please attach documentation)

Type of Insurance: _____

Annual premium: _____

Face value: _____

Present cash value: _____

c Other assets and income

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

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

3 Expenses:

a Housing

Is the house/apartment you currently live in owned, rented and/or do you receive any contribution from your employer?

If **owned**, please provide the following information:

Year purchased/Purchase price/Current value: _____ / _____ / _____

Unpaid premium on mortgage: _____

Monthly payments on mortgage: _____

Years left of mortgage payments: _____

Monthly house maintenance expenses: _____

Please provide a copy of the mortgage agreement.

If **rented**, please provide the following information:

Monthly rent: _____

Utilities included (yes/no): _____

Monthly house maintenance expenses: _____

If **contribution from employer**:

Monthly contribution: _____

b Utilities (please supply copies of statement for the last 12 months):

	Annual Costs	Amount paid by employer
Water	_____	_____
Electricity	_____	_____
Gas	_____	_____
Other (if any)	_____	_____

c Automobile

Model _____ **Year** _____ **Annual costs** _____

Model _____ **Year** _____ **Annual costs** _____

Is the automobile leased, owned personally, or provided by employer? _____

d Medical and dental expenses:

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

C 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, and agree, should I receive financial assistance, not to disclose any details of the assistance to any third party, within or outside of the ISP community. 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 disciplinary 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: _____