

#### FINANCIAL AID INFORMATION

#### **ELIGIBILITY**

Financial Aid is awarded based on financial need. Funding availability varies per class and locations. All applicants must meet the following requirements:

- Qualify and apply for CAPS, or be denied for CAPS.
- Household Income cannot exceed \$80.000.

### **CAPS Income Requirements**

Parent's applying or enrolled in the CAPS program must meet the income guidelines below which are based on 160% of the 2008 Federal Poverty Level.

# **Maximum Allowable Family Income for CAPS Eligibility**

Number in Family Unit	Gross (Before Tax) Annual Income Limit
2	\$22,400
3	\$28,160
4	\$33,920

Note: Parents enrolled in the CAPS program must also participate in an approved activity. For more information, please see http://dfcs.dhs.georgia.gov/caps-income-requirements

 Assistance will be granted on the basis of financial need. All fees are to be kept confidential, as they are specific to the individual and family circumstances.

## **HOW TO APPLY**

To submit your application:

- 1. Submit an Admissions Application
- 2. If you meet the qualifications for CAPS, you must apply for CAPS first.
  - o Submit CAPS qualification letter or denial
- 3. Complete and return the application thoroughly and accurately

#### **SPECIAL CIRCUMSTANCES**

If you feel there are special circumstances that may be a factor in this decision, please provide in writing your explanation along with the supported documentation listed above.

# WHAT'S NEXT

Our staff, based on a thorough review of this application, will then determine financial assistance eligibility. You will be notified by phone, mail and/or e-mail if your application has been approved or if you need to submit additional information. After your application is approved, you will be asked to attend a meeting where you will sign a payment agreement as well as pay the necessary adjusted program registration fees.



# FINANCIAL AID APPLICATION

Student First/Last Name:	
DOB (MM/DD/YYYY):/	
Age: Gender: Phone #:	
E-mail Address:	
Address:	
City: State: Zip:	
Emergency Phone Type: Home / Work / Mobile Phone #:	
Emergency Contact:	
Date Application Submitted/	
☐ Submit a copy of last year's tax return – form 1040 along with all schedules	
☐ Last two pay stubs for all adult family members	
☐ Verification of housing payment (lease or mortgage)	
☐ Social security or disability check/award letters	
☐ Unemployment income verification letter	
What is the combined/total annual household income? \$	
What amount can you pay monthly? \$	
Which program will you attend if you are not awarded financial aid? List the school name considered for a competitor program match price (NAEYC or Quality rated program, langu or within 1 mile of LLIP)	
Special Circumstances (if any):	Signature
	Date