

Thank you for your interest in The Indie Sol. We offer need-based scholarships to enable as many qualified individuals and families as possible to be a part of our beautifully curated nature based program.

The goal of The Indie Sol scholarship program is to offer a procedure for awarding financial assistance that provides for a fair and equitable distribution of available funds while also maintaining confidentiality and dignity of the family applying for the funds.

What is the range of aid that is given?

The Indie Sol financial assistance awards range from a small percentage to nearly two-thirds of the tuition. All families will pay some tuition.

- All scholarships are based on need. Application for financial assistance does not guarantee the awarding of financial assistance. You will be notified by email of the scholarship award.*
- Because we strive to meet the needs of all our members, if you fail to communicate in a timely manner your opportunity to receive a scholarship may be affected.*

If the following requirements are not fulfilled, The Indie Sol has the right to deny assistance.

All questions on the Request for Financial Assistance form must be answered; please write N/A for those that are not applicable. The following information is required with this application:

- Copy of your last filed tax return. If you are self-employed, also please include business tax returns.**
- Copy of your paychecks. If unemployed, copies of forms indicating source(s) of income (i.e., food stamps, disability, SSI, etc.) • Copy of your bills/verification of expenses**

Desired Location: _____

Child/Children's Name(s): _____

Parent's Name(s) : _____

Address: _____

Apartment #: _____

City/State/Zip: _____

Home Phone: _____

Email: _____

Marital Status: _____

ADULT #1

Name: _____

Date of Birth: _____

Occupation: _____

Position Title: _____

Employer: _____

Years at Job: _____ *If unemployed, please answer the following:*

Ending date of last job: _____

Reason for not working: _____

ADULT #2

Name: _____

Date of Birth: _____

Occupation: _____

Position Title: _____

Employer: _____

Years at Job: _____ *If unemployed, please answer the following:*

Ending date of last job: _____

Reason for not working: _____

Please list children and other dependents:

Name/ Date of Birth/ School Attending/ Grade

1.

2.

3.

4.

5.

What do you feel you can afford to pay?

MONTHLY INCOME SOURCES SELF (GROSS):

Salary and/or business income	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Trusts, Estates, Partnerships, S-Corp	\$ _____
Unearned Income (Interest, Dividends, Pensions) Social Security	\$ _____
Welfare	\$ _____
Disability, Workman's Comp, Insurance Claims, Gifts, Money or Property Inherited	\$ _____
Other, Please Specify (parental support, lottery, etc)	\$ _____

MONTHLY INCOME SOURCES SPOUSE (GROSS):

Salary and/or business income	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Trusts, Estates, Partnerships, S-Corp	\$ _____
Unearned Income (Interest, Dividends, Pensions) Social Security	\$ _____
Welfare	\$ _____

Disability, Workman's Comp, Insurance Claims, Gifts, Money or Property Inherited \$ _____

Other, Please Specify (parental support, lottery, etc) \$ _____

ASSETS

Automobile(s):

1. Own () Lease () Year _____ Make _____ Model _____ Payment \$ _____

2. Own () Lease () Year _____ Make _____ Model _____ Payment \$ _____

Bank Accounts: List all bank/money market/CD's/brokerage accounts:

Financial Institution Type of Account Amount

1. _____

2. _____

3. _____

4. _____

Real Estate Holdings: 1. Home: Market Value \$ _____ How many years _____ 2. Other: _____

Retirement Plan(s): Current Year's Contributions _____ Total value \$ _____
Current Year's Contributions _____ Total value \$ _____

MONTHLY EXPENSES

1. Rent () – Is property owned by a family member? Yes ___ No ___ OR Mortgage () . . . \$ _____

2. Maintenance/Association Fees. \$ _____

3. Gas & Electric \$ _____

- 4. Phone \$ _____
- 5. Cable \$ _____
- 6. Car Insurance \$ _____
- 9. Life Insurance \$ _____
- 10. Health Insurance. \$ _____
- 11. Unusual medical expenses \$ _____
- 12. Credit card payments \$ _____
- 13. Alimony of Child Support. \$ _____
- 14. Private School Tuition \$ _____
- 15. College Tuition. \$ _____
- 16. Car Payment(s) \$ _____
- 17. School Loans. \$ _____
- TOTAL MONTHLY EXPENSES.. . . . \$ _____**
- Total credit card debt \$ _____**

Explanation if over
\$5,000 _____

If you are self-employed, what family/household expenses are paid for by your business?

I HEREBY STATE THAT THE INFORMATION SHOWN ON THIS FORM AND ALL SUPPORTING DOCUMENTATION IS ACCURATE. I UNDERSTAND THAT ANY SCHOLARSHIP OFFER MUST BE KEPT CONFIDENTIAL AND I AGREE TO DO SO.

Applicant's signature: _____
Date: _____