

Student Name(s): \_\_\_\_\_

**FINANCIAL ASSISTANCE REQUEST PACKET**  
**For school year 2021-2022**

Financial Aid is given on a one year basis  
New forms and documentation must be submitted each year  
You must file your income taxes early in order to submit required documents

Please return completed packet with required  
documentation by

**March 12<sup>th</sup>, 2021**

Applications will not be accepted after  
the due date



**AEP**  
**BULLPUPS**



**A. E. PHILLIPS LABORATORY SCHOOL**  
**SCHOLARSHIP PROGRAM**  
**INCOME VERIFICATION FORM**

Income verification is one step in the scholarship application process. The Income Verification Process is important for families to determine if they meet the low-income requirements of the scholarship program. If you qualify based on the income eligibility guidelines established by the United States Department of Agriculture, you may not be required to pay the full tuition amount. For eligible families, scholarships can cover the entire cost of tuition.

If you have more than one child applying for a scholarship, only one income verification form is needed. A. E. Phillips is not able to return original documents to you; please send only copies. This form and the required documents must be mailed or hand delivered to the school office no later than one week prior to the deadline for turning in deposit and tuition checks.

**PRIMARY PARENT**

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_ LAST FOUR DIGITS SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ RECEIVES INCOME: Y \_\_\_ N \_\_\_

MARITAL STATUS: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LIST ALL MEMBERS OF YOUR HOUSEHOLD**—Including scholarship students. Make a copy of this page if more space is needed.

#1  
NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_ LAST FOUR DIGITS SS#: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

SCHOLARSHIP STATUS: NEW: \_\_\_ RENEWAL: \_\_\_ N/A: \_\_\_ RECEIVES INCOME: Y \_\_\_ N \_\_\_

#2  
NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_ LAST FOUR DIGITS SS#: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

SCHOLARSHIP STATUS: NEW: \_\_\_ RENEWAL: \_\_\_ N/A: \_\_\_ RECEIVES INCOME: Y \_\_\_ N \_\_\_

#3  
NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_ LAST FOUR DIGITS SS#: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

SCHOLARSHIP STATUS: NEW: \_\_\_ RENEWAL: \_\_\_ N/A: \_\_\_ RECEIVES INCOME: Y \_\_\_ N \_\_\_

#4  
NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_ LAST FOUR DIGITS SS#: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

SCHOLARSHIP STATUS: NEW: \_\_\_ RENEWAL: \_\_\_ N/A: \_\_\_ RECEIVES INCOME: Y \_\_\_ N \_\_\_

## A. E. PHILLIPS LABORATORY SCHOOL SCHOLARSHIP PROGRAM INCOME VERIFICATION FORM

AEP families qualify for low income status and are eligible for scholarships if their household income is less than the baseline for free and reduced meals as determined by the USDA.

- Income status determines priority for awarding scholarships. It also determines if your family will be responsible for paying any tuition that is not covered by the scholarship.
- Based on the number of people in your household, if your gross annual income is equal to or less than the USDA criteria, you may qualify for low income status.
- Household size is determined by the following: The number of people living in your house as reported on your 2020 Income Tax return.

**You must provide documentation for all sources of income in your household. Documents should be representative of your CURRENT income. Please do not send original documents as they cannot be returned to you:**

1. If you are currently employed (and have the same job you had all of last year):
  - Send a copy of your 2020 W-2s
  - Send a copy of your 2020 Income Tax Return(s)
2. If you receive other income sources: (eg., food stamps/OWF, child support, unemployment, Social Security, etc.): Send copies of official documentation that shows how much you receive from each one.
3. If the child's parents are filing their income tax returns separately, a copy of both parents' income tax returns must be submitted.
4. Additional information may be requested including a notarized affidavit if no income is reported by either parent.
5. If financial information is falsified in any way and a scholarship is awarded to a family, repayment of all financial assistance will be required.

\_\_\_\_\_  
SIGNATURE OF PRIMARY LEGAL GUARDIAN REQUIRED

\_\_\_\_\_  
DATE

PLEASE RETURN THIS FORM AND ALL INCOME DOCUMENT COPIES TO THE ADDRESS BELOW.  
NO FAXES ACCEPTED.

**A. E. Phillips Laboratory School, Scholarship Program Committee  
204 Hergot Avenue #10168  
Ruston, LA 71272**

## ADDITIONAL SCHOLARSHIP PROGRAM REQUIREMENTS

If a student is granted financial assistance, the following requirements must be agreed to:

The following criteria are required for students to continue to receive financial assistance:

- **When/if payments are required, they must be submitted by the due date(s).**
- **Student's GPA must remain above a 2.0 every nine weeks.**
- **Student should not have excessive truancy issues (un-excused absences, tardies or early checkouts).**
- **Student is expected to behave in a manner that displays good citizenship:**
  - Student is always respectful, kind, and cooperative.
  - Student always adheres to the school values and rules.
  - Student follows directions the first time he/she is asked.
  - Student never talks back.
  - Student always has an excellent attitude.
  - Student regularly helps other students and teachers.
  - Student has a positive attitude towards learning and puts forth a high level of effort.

I HAVE DISCLOSED ALL FINANCIAL INFORMATION FOR MY CHILD AND UNDERSTAND THAT FAILURE TO REPORT INCOME THAT RESULTS IN A SCHOLARSHIP TO BE AWARDED WILL REQUIRE REPAYMENT OF ANY FINANCIAL ASSISTANCE.

Signature of Parent: \_\_\_\_\_

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

Signature of Parent: \_\_\_\_\_

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

Child/children's name(s): \_\_\_\_\_

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### **For use by the Financial Assistance Committee**

#### **FINANCIAL AID REQUEST CHECKLIST:**

1. \_\_\_\_\_ Copies of 2020 W-2's for both parents.
2. \_\_\_\_\_ Copies of 2020 Income tax returns for both parents.
3. \_\_\_\_\_ Copies of documentation showing other sources of income (Child Support, Food Stamps, Social Security, or Unemployment).
4. \_\_\_\_\_ If only one parent's income is to be considered, legal documents showing that the primary custodial parent is solely responsible for the financial support of the child.

Total family income: \_\_\_\_\_

Total state/federal support: \_\_\_\_\_

Qualifies for tuition assistance:      YES                      NO

Free                      Total amount per family \_\_\_\_\_

Reduced                      Total amount per family \_\_\_\_\_