



## Financial Aid Information Sheet

Please Read Carefully

### WHO CAN APPLY FOR FINANCIAL AID?

Any student attending programs at the Foluké Cultural Arts Center may apply for aid. Students receiving aid must be enrolled and are expected to attend the program regularly and show an interest.

### HOW IS FINANCIAL AID AWARDED AND HOW OFTEN?

Income based financial aid is available ranging from a 25% discount to 100% discount per school year/per family and is based upon financial need. Financial aid applicants must submit the proper registration materials and proof of income at the same time as submission of the financial aid form. Renewal of financial aid each year is not automatic; therefore, it is necessary to reapply each school year for the fall semester.

Financial aid is used to pay for tuition only and is not applied to registration or other fees. In the case of discontinuance during a semester, financial aid will be prorated according to tuition still outstanding. Any accounts that are sent to collection for non-payment may have any remaining financial aid removed.

### HOW DO I APPLY?

You must apply for aid in person, by completing the Foluke Cultural Arts Center Application for Financial Assistance. It is important that you include copies of the items listed on the enclosed checklist with your application. You will be required to present the original copies in person as part of the approval process.

### HOW WILL I KNOW IF I WILL RECEIVE ASSISTANCE?

All applicants will receive an official award letter from the Foluke Cultural Arts Center with notification of approval or denial of financial aid. The applicant has 15 days from the date of the official award letter to register for lessons/sessions. After this date the financial aid award is withdrawn and no longer valid.

### PLEASE NOTE:

Parents/guardians are responsible for payment of all registration fees and tuition until the application for financial aid has been approved.

### FINANCIAL AID APPLICATION MATERSLS CHECKLIST:

- Photo ID
- Birth Certificate for EVERY household member
- Social Security Cards for EVERY household member
- Pay stubs for the last 3 months for EVERY household member
- W-2 for EVERY household member or proof



## **Application For Financial Assistance**

The Foluké Cultural Arts Center is committed to providing Financial Assistance for all our programs.

To apply for financial aid for any Foluke program, please complete this application and submit it to Foluké. We will be in contact with you regarding your financial aid request within ten days of receiving your application. You must complete a new application or extension for each new term even if you have received financial assistance in the past.

Your completed application will serve as a deposit for your child(ren)'s temporary registration in Foluké program. Please attend the first week of classes as usual, even if you have not yet received a financial is offer. Once you have received and accepted financial aid offer, your child(ren) will be officially registered in their class(es). If you have any questions or concerns, please contact us at (216) 432-3772.

By making an offer of financial assistance Foluké is making a significant commitment to your family, and we expect that your family is likewise making a commitment to Foluké and to your child's full participation in our programs. **Please initial below to confirm that you understand the following:**

\_\_\_\_\_ I understand that the Foluké Cultural Arts Center will work with me to create a payment structure that is affordable for my family.

\_\_\_\_\_ I understand that if I accept a financial aid offer, my child is expected to complete the full term in the classes for which financial assistance has been offered, and must attend all scheduled classes and performances of the term, except in cases of illness or emergency.

\_\_\_\_\_ I understand that if illness or emergency prevents my child from attending a class or performance, I must contact Foluké as soon as possible at (216) 432-3772.

\_\_\_\_\_ I understand that if I accept a financial aid offer, I am expected to make all scheduled payments on time, and that if I am unable to make a payment on time I must contact Foluké as soon as possible at (216) 432-3772.

\_\_\_\_\_ I understand that if I do not meet the above expectations, I may jeopardize my eligibility for financial aid in the future.

**You can submit this application by dropping it off at the front desk or mailing it to Foluké at 2234 East 55<sup>th</sup> Street, Cleveland Ohio 44103**

### Financial Aid Request

*Foluké will offer your family a financial assistant plan in which the cost of tuition m be partially subsidized by Foluké, and in which the family balance will be split in two multiple monthly installments.*

Level of Family Need	Financial Assistance Level
Low Need	25%
Moderate Need	50%
High Need	75% 100%

I am requesting that Foluké subsidizes the following percentage of my child(ren)'s full tuition (Check one below)

**NOTE: By requesting that Foluké subsidizes 25, 50 or 75% of my tuition I will be responsible for the remaining 75, 50 or 25%**

0% (Installment plan only)    25%    50%    75%    100%

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### Sample Financial Aid Offer

Guardian: Jane Doe

Student: John Doe

Class:

Time:

Foluké Subsidy:  0%  25%  50%  75%  100%

Regular Class Tuition: \$8/week (\$120/semester)

After Subsidy Tuition: \$6/week (\$60/semester)

Foluké Contribution: \$2/week(\$30/semester)

Family Balance: \$6/week (\$90/semester)

Installment Plan: Yes

Payment #1      9/15/18      \$30

Payment #2      10/15/18      \$30 (etc)

**Enrollment Information**

Please list information for each child in your family registering for a Foluké classes, as well as all classes for which they plan to enroll. Foluké cannot guarantee that space will be available in all classes, and we will contact you about alternative options if it is not possible to register your child(ren) in the classes requested.

**Student #1**

Name \_\_\_\_\_ Gender M  F  DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**Foluké Class Enrollment Request**

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

If space is not available in the class(es) listed above, would the student(s) be interested in taking a different Foluké class? Yes NO Explain \_\_\_\_\_

**Student #2**

Name \_\_\_\_\_ Gender M  F  DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**Foluké Class Enrollment Request**

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

If space is not available in the class(es) listed above, would the student(s) be interested in taking a different Foluké class? Yes NO Explain \_\_\_\_\_

**Student #3**

Name \_\_\_\_\_ Gender M  F  DOB \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**Foluké Class Enrollment Request**

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

If space is not available in the class(es) listed above, would the student(s) be interested in taking a different Foluké class? Yes NO Explain \_\_\_\_\_

**Student #4**

Name \_\_\_\_\_ Gender M  F  DOB \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**Foluké Class Enrollment Request**

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

If space is not available in the class(es) listed above, would the student(s) be interested in taking a different Foluké class? Yes NO Explain \_\_\_\_\_

## **Family Information**

Please include as much information as possible about all of these students', parents or guardians. Where applicable, please feel free to list grandparents, stepparents, or other guardians. On this page, we are looking to learn more about the students' entire family support network.

### **Primary Guardians**

This person will be Foluke's primary family contact. If you would like Foluké to be in communication with other parents or guardians please indicate below.

Name \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

### **Other Parent/Guardian**

Name \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

**General Financial Information**

This information is for office use only and is kept strictly confidential. The more information you are able to provide, the better we can assess your need for financial assistance. On this page, we are looking to learn more about the financial resources available to the student(s). Please list only parents or guardians who provide financial support to the student(s).

**Parent/Guardian #1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSS# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours per week \_\_\_\_\_

Salary \$ \_\_\_\_\_ Yearly  Monthly  Weekly  Other \_\_\_\_\_

Please describe any other sources of income or aid (such as Medicaid, food stamps, child support, etc.)

\_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSS# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours per week \_\_\_\_\_

Salary \$ \_\_\_\_\_ Yearly  Monthly  Weekly  Other \_\_\_\_\_

Please describe any other sources of income or aid (such as Medicaid, food stamps, child support,

\_\_\_\_\_

Including the student(s), how many children or dependents are supported by these adults? \_\_\_\_\_

What other activities do your children participate in outside of school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much do you typically spend on these activities? \_\_\_\_\_ Per year Per semester Per month

Please detail any other factors contributing to your financials need at this

time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief. I also confirm that in the event of any information provided by me is not true and incomplete and also in the event of any violation of Government Regulation related to this information Foluké Cultural Arts Inc., will be well within its right to take necessary action including discontinuation of services,, can forfeit any security deposits.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Foluké Representative**

\_\_\_\_\_  
**Date**