



## Financial Aid Application

Families that wish to apply for financial aid must complete the attached forms after enrolling students in the DAPCEP online system. We have limited financial assistance for families who meet our criteria to reduce the application or program fees. The available financial awards are as follows:

Program	Full Cost	Amount of Financial Aid Available	If Approved, Final Amount Due
Explorer (Pre K–3 <sup>rd</sup> Grades)	\$100	\$75	\$25
Pathfinders (4 <sup>th</sup> – 12 <sup>th</sup> Grades)	\$25	\$12.50	\$12.50

The completed financial aid application must be turned in during the enrollment period (December 21, 2016 – January 20, 2017). **Forms can be submitted via mail, fax (313) 831-5633, or email: [info@dapcep.org](mailto:info@dapcep.org).** You will have two weeks from the date on your notification letter to pay your remaining balance. **Mail to: DAPCEP, 2111 Woodward Ave., Ste. 506, Detroit, MI 48201, or pay in person at the DAPCEP Office.** We will ONLY accept money orders and cashier checks.

### *Spring 2017 Enrollment Dates: February 4, 2017 – March 25, 2017*

To be eligible for financial assistance, your family size and household income must fall within the limits of the chart below:

Total Family Size	Annual	Monthly
1	\$21,978	\$1,832
2	\$29,637	\$2,470
3	\$37,296	\$3,108
4	\$44,955	\$3,747
5	\$52,614	\$4,385
6	\$60,273	\$5,023
7	\$67,951	\$5,663
8	\$75,647	\$6,304

You will need the following information to complete your financial aid application:

- Copies of your 2015 IRS Federal Form 1040, 1040A, 1040-EX US Individual Income Tax Return
- Or
- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation and Temporary Assistance for Needy Families (TANF).



**The financial aid application provides personal and financial information used to evaluate your need for financial aid. Incomplete or inaccurate information may affect your ability to receive financial aid.**

**Complete ALL Fields. Please use blue or black ink to complete the application.**

## Section 1: Applicant and Co-Applicant Information

### I. APPLICANT INFORMATION: Parent or Guardian

Last Name:										First Name:																
Last 4 digits of Social Security Number:										Date of Birth (mm/dd/yyyy):																
Mailing Address:																										
City:										State:					ZipCode:											
County of Residence:																										
Day Phone #:					- - ext					Eve Phone #:					- - ext											
Email Address:																										
Current Marital Status:		<input type="checkbox"/> Married <small>(If current marital status is married, co-applicant information is required.)</small>					<input type="checkbox"/> Single					<input type="checkbox"/> Divorced					<input type="checkbox"/> Separated					<input type="checkbox"/> Widowed				
Employment Status:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (less than 30 hrs/wk) <input type="checkbox"/> Stay at Home (full-time family care) <b>Select One</b> <input type="checkbox"/> Self-Employed					<input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Student					Relationship to Student (s): <b>Select One</b>					<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother					<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____				
Occupation:										Employer:																

### II. CO-APPLICANT INFORMATION: Parent or Guardian

Last Name:										First Name:																
Last 4 digits of Social Security Number:										Date of Birth (mm/dd/yyyy):																
Employment Status:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (less than 30 hrs/wk) <input type="checkbox"/> Stay at Home (full-time family care) <b>Select One</b> <input type="checkbox"/> Self-Employed					<input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Student					Relationship to Student (s): <b>Select One</b>					<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother					<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____				



Occupation:		Employer:	
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## Section 2: Student Information

**Complete this section for ALL children in the household attending DAPCEP Saturday classes. The grade level should be for current year.**

Child's Last Name		Child's First Name:	
Date of Birth (mm/dd/yyyy):			
Grade (Fall 2016)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DAPCEP Class Name/Location:

School Attending Fall 2016		City		State	Zip
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Child's Last Name		Child's First Name:	
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Date of Birth (mm/dd/yyyy):			
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Grade (Fall 2016)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DAPCEP Class Name/Location:
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School Attending Fall 2016		City		State	Zip
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Child's Last Name		Child's First Name:	
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Date of Birth (mm/dd/yyyy):			
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Grade (Fall 2016)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DAPCEP Class Name/Location:
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School Attending Fall 2016		City		State	Zip
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Child's Last Name		Child's First Name:	
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Date of Birth (mm/dd/yyyy):			
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Grade (Fall 2016)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DAPCEP Class Name/Location:
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School Attending Fall 2016		City		State	Zip
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*If more than 4 students, photocopy this page and insert into application.*

### Section 3: Applicant & Co-Applicant Income

1. Size of Household: Number of adults living in this household:  Number of children living in this household:
2. Do you file a federal income tax return?  Yes, I file taxes.  Yes, I file taxes but do not receive W2 income.  No, I do not file taxes.
3. Does the co-applicant file a federal income tax return?  Yes, files jointly with applicant.  
 Yes, files jointly with applicant but does not receive W2 income.  
 Yes, files separately from applicant but does not receive W2 income.  
 Yes, files separately from applicant.  
 No, does not file.

#### **Taxable Income:**

*If none, enter "0".*

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return \$ \_\_\_\_\_ .00
5. If filing jointly or if there is not a co-applicant, enter "0".  
If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return \$ \_\_\_\_\_ .00

#### **Nontaxable Income:**

**Select how income is received.**

*If none, enter "0".*

- |   |                          |        |                          |         |                          |          |              |
|---|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------|
| 6. Child support received   | <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Annually | \$ _____ .00 |
| 7. Social Security benefits received but not taxed, such as SSI   | <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Annually | \$ _____ .00 |
| 8. Temporary Assistance for Needy Families (TANF)   | <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Annually | \$ _____ .00 |
| 9. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC)   | <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Annually | \$ _____ .00 |
| 10. Food Stamps   | <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Annually | \$ _____ .00 |
| 11. Tuition support from anticipated from friends /relatives/employer   | <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Annually | \$ _____ .00 |
| 12. Other non-taxable income (i.e. Clergy/Pastoral/ Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) | <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Annually | \$ _____ .00 |

#### **Change of Income:**

13. Do you anticipate a decrease in your 2016 household income"  YES  NO  
*If yes, complete the following questions:*
- 13 A. What do you anticipate your income to be for the coming year? \$ \_\_\_\_\_ .00
- 13B. What do you anticipate your spouse's income to be in the coming year? \$ \_\_\_\_\_ .00
- 13C. Your income will be reduce in the coming year for the following reason (s). Select all that apply.



**Applicant**

- Unemployed
- Will have reduced hours
- Plan to take a job at a lower wage
- Exiting workforce
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Loss of alimony or spousal support
- Military reasons
- Other \_\_\_\_\_

**Co-Applicant:**

- Unemployed
- Will have reduced hours
- Plan to take a job at a lower wage
- Exiting workforce
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Loss of alimony or spousal support
- Military reasons
- Other \_\_\_\_\_

## Section 4: Applicant & Co-Applicant Expense Information

**Current MONTHLY Expenses**

*If none, enter "0".*

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|---|--------------|
| 14. Monthly Rent or Mortgage payment.       | \$ _____ .00 |
| 15. Monthly home equity loan payments.      | \$ _____ .00 |
| 16. Monthly vehicle (lease or own) payment. | \$ _____ .00 |
| 17. Monthly credit card payment             | \$ _____ .00 |
| 18. Monthly child support payments          | \$ _____ .00 |

## Section 5: Required Information and Authorization

**1. Privacy and Security:**

Data collected and stored by DAPCEP pursuant to this application is considered the property of DAPCEP. The data will not be used by DAPCEP in any manner not approved by the applicant and will not be shared with third parties unless requested by you or as required by applicable law.

**2. Authorization:**

The information provided on this form is true, correct, and complete to the best of my knowledge. I am authorized to sign this form, and to disclose this information.

**Applicant Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_\_

**Co- Applicant Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_\_

*Please allow one week for your application and supporting tax documents to be reviewed and processed. You will have two weeks from the date on your notification letter to pay your full or reduced application fee. You will be notified via email and/or regular mail with a decision. You must pay in person at the DAPCEP Office. We will ONLY accept money orders and cashier checks.*

