



## Financial Aid Policy 2020-21

Good Hope Country Day School strives to enroll a diverse student body, including talented students from all socio-economic backgrounds. The school's advancement office raises funds beyond tuition dollars to help the school allocate approximately 17% of its budget to financial assistance. In 2019-20, these dollars totaled \$1,041,550 and assisted nearly 50% of students.

To apply for financial assistance, a student must first be offered admission to the school. The family must then complete and turn in the Application for Financial Aid along with a copy of the most recent tax return, including all schedules. **Applications are due by Monday, May 18. Applications received after May 18, will be considered pending availability of funds.**

### Please note the following guidelines:

1. Parents are expected to contribute to the cost of their children's education to the best of their ability, considering the resources of both natural and step-parents, grandparents, and other close family members. Financial aid will generally not exceed 50% of tuition.
2. In the case of divorce or separation, the custodial parent must secure the necessary financial information from the non-custodial parent.
3. Renewal of financial aid awards is not automatic; parents must reapply each year in order to be considered for assistance.
4. Although assistance is based on need, students are expected to demonstrate and maintain the academic and behavioral standards of the school, including honoring the school's four Core Values: Respect, Scholarship, Citizenship, and Integrity.
5. Students and parents who receive financial assistance should be aware that funds are available in large part due to generous contributions made to the school for this purpose.
6. All parents, including financial aid recipients, are strongly encouraged to contribute to the Annual Fund, regardless of the amount, since this encourages alumni and friends of GHCDs to give as well.
7. Financial aid awards are based on the following factors:
  - a. The family's financial situation
  - b. Space availability in the grade(s) applied for
  - c. Academic and behavioral records
  - d. Past payment history (for returning families)
  - e. Student and family participation in the life of the school (past or anticipated)
7. No application will be processed until all required information, including the most recent tax return with all schedules, has been submitted.
8. The financial aid committee is composed of several members of the GHCDs administration. This committee reviews all applications and materials in the strictest confidence. The names of financial aid recipients are not disclosed to anyone other than those GHCDs employees who serve on the financial aid committee and/or administer the financial aid program.
9. Good Hope Country Day School does not discriminate on the basis of race, color, religion, sexual orientation, or national or ethnic origin in the administration of its admission, financial assistance, educational, or other school policies.
10. All applicants should embrace Good Hope Country Day School's mission:  
*Cultivate reflective, creative, and compassionate students who are critical thinkers prepared to excel in college and empowered to better their island and the world.*

# Good Hope Country Day School Application for Financial Aid

**BACKGROUND INFORMATION:**

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

**1. Name of Good Hope Country Day School Student(s):**

Name	Date of Birth	Entering Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Parent 1/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Employer: \_\_\_\_\_

**3. Parent 2/Guardian** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Employer: \_\_\_\_\_

**4. List any additional employment or income source of either parent:**

\_\_\_\_\_  
\_\_\_\_\_

**5. Non GHCDs Children. List any additional children in the family:**

Name	Age	School	Tuition	Grants Paid	Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**6. What amount per month do you feel you can contribute towards your child (ren)'s tuition at Good Hope Country Day School:** \_\_\_\_\_

Please note that the maximum amount is generally 50% of the monthly tuition. You must provide an amount for the application to be processed.

**FINANCIAL INFORMATION/ INCOME:**

1. Gross earnings of father/guardian this year: \_\_\_\_\_
2. Anticipated earnings next year: \_\_\_\_\_
3. Gross earnings of mother/guardian this year: \_\_\_\_\_
4. Anticipated earnings next year: \_\_\_\_\_
5. Rental income (total on all property owned): \_\_\_\_\_
6. Child support (if separated or divorced): \_\_\_\_\_
7. Public assistance (SS, welfare, food stamps): \_\_\_\_\_
8. Other income (insurance, trusts, etc.): \_\_\_\_\_
9. Present market value of home, if owned: \_\_\_\_\_
10. Present market value of other real estate: \_\_\_\_\_
11. Bank accounts: total checking: \_\_\_\_\_ total savings: \_\_\_\_\_
12. Market value of other holdings, stocks, etc: \_\_\_\_\_
13. Are there others who contribute or could contribute to help meet the child's needs (grandparents, aunts and uncles, etc.)? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

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14. Are there other income-producing people living in your household who are not shown on the attached income tax return? If so, please identify and indicate the amount of monthly income contributed to the support of the household.  
\_\_\_\_\_  
\_\_\_\_\_

**EXPENSES:**

15. If home is owned, monthly mortgage payments: \_\_\_\_\_  
If home is rented, monthly rent payments: \_\_\_\_\_
16. Are you paying off debts (loans, credit cards, etc.)?

Company	Balance	Monthly Payment
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17. What other major expenses do you have on a recurring basis (medical, insurance, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

18. Are there any special circumstances which you would like the committee to take into consideration?  
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\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITY INFORMATION:**

19. Returning parents: List the Good Hope Country Day School projects in which you assisted or participated last year:

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20. All Parents: List any special interests or talents you have that would be helpful to the school, or activities in which you would like to assist or participate:

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I hereby declare that all of the foregoing statements and information are complete, true and accurate.

Parent 1/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent 2/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_