



waldorf school
of saratoga springs

WSSS Policy on Tuition Assistance

Each family, regardless of its financial situation, is an important part of the Waldorf School of Saratoga Springs. Families who feel unable to pay full tuition are invited to submit a tuition assistance application. A committee of individuals from the school community carefully considers each application, keeping in mind both the specific needs and requests as well as consistency and fairness to all families at the school. The committee seeks an affordable tuition for any family willing to make the financial sacrifice that all families make to provide their child or children with a Waldorf education.

There is currently no limit placed on the amount of assistance that can be awarded to a family. However, because the TA program is funded by the school and amounts available are therefore finite, families are asked to both apply for and receive their assistance with that understanding and in the spirit of cooperation. When reviewing an application, the committee considers the following:

- What is the gross annual income and what are the assets of the family?
- What is the amount and nature of the family expenses?
- Is the family placing the value of a Waldorf education high on its list of financial priorities?
- Is there a special need this school year?
- Is the WSSS being asked indirectly to support home improvements or other family life-style choices?
- Is the family reevaluating its need each year, as both income and tuition change?

Procedure

Please complete the three worksheets (income, assets and expenses) first, and use these to complete the rest of the application. Submit the completed application with **a copy of your federal tax return (including schedules A-D), copies of all W-2s, and final December pay stub**. The application must be accompanied by a **\$25.00 application fee, and is due by March 29th**. **If necessary, a family may submit the TA application on March 29th with tax information provided on April 17th**. There is a limited amount of TA available so it is very important that applications are received by this date. Late applications are subject to substantially reduced awards. Please be sure your application is complete; the Business Manager, Julie Niles, is available to answer any questions regarding the application. Applicants will be notified by email or phone if your information is incomplete. **Incomplete packages will not be evaluated.**

Please note: At the bottom of the first page, you are asked to write in the amount of TA requested. Consider this figure carefully, and offer an amount that would sincerely incorporate your ability to have your family afford and attend the school. The school wants to work with you and this figure should reflect a spirit of cooperation as we work together to provide an education for your children. **Please do not write "maximum", your full year's tuition figure, or leave the space blank.** WSSS is not in a position to offer a full TA award to any family and in order to understand your financial picture, we need you to request an amount that is well thought out.

- TA Committee processes applications in accordance with its Procedures and Guidelines
- After an award determination is made, a letter is sent with the decision
- Any request for appeal of the determination shall be made, **in writing**, within two weeks of the award, outlining the basis of appeal and relief sought.
- The TA Committee includes at least three members who are rotated regularly.

Questions may be directed to Julie Niles, Business Manager, 581-584-7682 or finanace@waldorfsaratoga.org. Submit completed applications to the WSSS Business Office, 122 Regent Street, Saratoga Springs, NY 12866.



Business Office—122 Regent Street, Saratoga Springs, NY 12866—Phone: 518.584.7682 Fax: 518.581.1682—finance@waldorfsaratoga.org

Tuition Assistance (TA) Application 2018-2019

Please fill out this form **completely** and return it with a **\$25** application fee by **March 29, 2018**, to the Business Manager, Julie Niles, at 122 Regent Street. **Late applications are subject to substantially reduced awards.** Attach on a separate sheet of paper any information necessary to give the TA Committee a more complete and accurate picture of your financial life. **Please also attach a complete copy of your Federal 2017 Income Tax Return, all W-2s and final December pay stub(s).**

| | | |
|--|-------|------------|
| Name | | Age |
| Home Address | | Phone |
| City, State, Zip | | |
| Occupation | Title | |
| Employed by | | Yrs on Job |
| City | Phone | |
| If self-employed, describe what you do | | |

| | | |
|--|-------|------------|
| Name | | Age |
| Home Address | | Phone |
| City, State, Zip | | |
| Occupation | Title | |
| Employed by | | Yrs on Job |
| City | Phone | |
| If self-employed, describe what you do | | |

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| Email address |
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|---|---------------------------------------|-------------|
| Please complete if: <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated, no court action <input type="checkbox"/> Never married Date of Divorce or Separation: _____ | Noncustodial Parent's Full Name | |
| | Home Address/PO Box, City, State, Zip | |
| | Occupation | Title |
| | Employed by | City, State |
| Name of parent who claimed student as a tax exemption for previous year: | | |
| Is there an agreement specifying a contribution from the non-custodial parent for educational expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please specify: | | |

Students attending the Waldorf School of Saratoga Springs 2018-2019

Tuition: 2-Day \$3210 3-Day: \$5225 5-Day: \$8685 Grades 1-5: \$14,645 Grades 6-8: \$14,965 Grades 9-12: \$17,150

| First and Last Name | Grade | Full Tuition Cost (without sibling discount) |
|---------------------|-------|--|
| | | |
| | | |
| | | |
| | | |

Amount of TA Requested: \$ _____

Note: Applications with "maximum" or full tuition amount will be returned, as will any with this box left blank.

Worksheet #1—Supplemental Income and Benefits—Please enter totals on page 5

Please provide detailed information. Attach explanations and additional information as necessary. **This page must be filled out.** Write N/A for items that do not apply to you. **Do not leave any items blank. Income reported to you on W-2s is to be recorded on page 5. ALL REGULAR WAGES FROM AN EMPLOYER WILL BE REPORTED ON PAGE 5 AT THE BOTTOM. THIS WORK-SHEET IS FOR SUPPLEMENTAL (non-W-2) INCOME ONLY.**

| SUPPLEMENTAL/OTHER INCOME | Actual 2017 | Projected 2018 | Name(s) of Persons |
|---|-------------|----------------|--|
| Business profit (include copy of Schedule C) | | | |
| | | | |
| Other sources of tuition funding (i.e. grandparents or other family members) | | | |
| Child support | | | |
| Rental property income, NET (provide detail) | | | |
| Cash income (tips, etc) (kept confidential) | | | |
| Disability | | | |
| Food stamps, SSI, WIC, welfare | | | |
| Regular gifts, grants or trust funds - from family or other sources. Please explain. | | | |
| Investment income | | | |
| Other income (attach explanation)* | | | |
| TOTAL SUPPLEMENTAL/OTHER INCOME: | | | Enter totals at bottom of page 5. |

Employment Benefits

| | | |
|--|---------|------|
| Please detail expected employment benefits and their monetary value for 2017 (estimate if necessary) for each employed person. | | |
| Phone/Internet: | | |
| Travel: | | |
| Provided housing (fair market value): | | |
| Provided auto: | | |
| Life Insurance: | | |
| Medical Insurance: | Dental: | Eye: |
| Pension Plan (please describe): | | |
| Other: | | |

* Include payments for travel, housing, etc., provided as a benefit, and income of children and other household members.

Worksheet #2— Assets

Please provide detailed information. Attach explanations and additional information as necessary. **This page must be filled out.** Write N/A for items that do not apply to you. **Do not leave any items blank.**

Assets

| Home Owners | | Other Real Estate |
|---|---|---|
| Year Home Purchased: _____ | Have you refinanced (second mortgage or equity loan) your home? <input type="checkbox"/> Yes <input type="checkbox"/> No | Year purchased _____ |
| Purchase Price: \$ _____ | Year of equity loan _____ | Description: _____ |
| Total insurance carried: \$ _____ | Original amount of loan \$ _____ | Purchase Price: \$ _____ |
| Present market value: \$ _____ | Remaining balance \$ _____ | Present market value: \$ _____ |
| Principal due on mortgage: \$ _____ | Annual payments on second mortgage/equity loan \$ _____ | Principal due on mortgage \$ _____ |
| Total annual payments on all mortgages and equity loans: \$ _____ | | Total annual mortgage payments \$ _____ |

Vehicles (including cars, trucks, boats and recreational vehicles)

| | |
|---------------|---------------|
| Make and Year | Make and Year |
| Make and Year | Make and Year |

I/we share ownership of a business: Yes No
If yes, please describe:

| Securities / Mutual Funds / Trust Funds/IRA/Keogh/401(k) | Shares | Value per share | Total Value |
|---|--------|-----------------|-------------|
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| | | | |
| Savings Accounts | | | |
| Other Assets including art and antiques of known value: please explain, attaching additional sheets as necessary | | | |
| Total Other Assets | | | |

Expenses and Income

List your family's projected total annual expenses from **worksheet #3 on page 4**. Please also list your current non-mortgage debts and anticipated additions to your debt for the balance of 2018.

| | Expenses (from worksheet on page 4) | <u>YEARLY</u> |
|---|---|----------------------|
| A | All taxes | |
| B | All insurance | |
| C | All out-of-pocket health expenses | |
| D | All utilities | |
| E | Vehicle expenses (excluding loans & insurance) | |
| F | Childcare expenses | |
| G | Personal care (including clothing) | |
| H | Entertainment (including meals) | |
| I | Vacation expenses | |
| J | Mortgage or Rent | |
| K | All home care expenses | |
| L | Charitable gifts | |
| M | All non-Waldorf tuition | |
| N | All other educational expenses | |
| O | Food | |
| P | Animal care expenses | |
| Q | All income applied to pension plans, etc. | |
| R | Other (specify here or attach explanation) | |
| | Total expenses | |
| | Non-mortgage debt payments (from right) x 12 | |
| | Total yearly expenses and debt payments | |

| List specific debts, credit cards and non-mortgage loans, including student & vehicle loans (current) | Total Amount Owed | Monthly Payment |
|---|---------------------------|-----------------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | Total monthly pmts | \$ |
| | | |
| Anticipated additional debts and loans for calendar year 2018 | Total Amount | Monthly Payment |
| | | |
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List your family's total annual wages, as well as your supplemental/other income **from worksheet #1 on page 2**.

| Income | Actual 2017 | Projected 2018 | Name(s) of Persons |
|---|-------------|----------------|--------------------|
| First person wages—total all jobs | | | |
| Second person wages—total all jobs | | | |
| Supplemental/Other income (from worksheet #1 on page 2) | | | |
| Total Income | | | |

| Name(s) of any other person(s) in the household | Age | Relationship |
|---|-----|--------------|
| | | |
| | | |
| | | |

| Provide current year (2017-2018) information below for all dependent children or adults who have non-Waldorf tuition . | | | | | | | | |
|--|---------------------------|--------------------------|-------------------------------|--------------------|------------------------|---------|----------------------------------|----------------------------------|
| First Name | Name of school or college | Grade or year in college | Dollar amounts for 20167-2018 | | | | | |
| | | | Total cost of 1 year | Amount paid by you | By financial aid award | By loan | By Job (include summer earnings) | By other sources (explain below) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |

| Provide next year (2018-2019) information below for all dependent children or adults who have non-Waldorf tuition . | | | | | | | | |
|---|---------------------------|--------------------------|------------------------------|--------------------|------------------------|---------|----------------------------------|----------------------------------|
| First Name | Name of school or college | Grade or year in college | Dollar amounts for 2018-2019 | | | | | |
| | | | Total cost of 1 year | Amount paid by you | By financial aid award | By loan | By Job (include summer earnings) | By other sources (explain below) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |

Please explain about "other sources." If you need more space, please attach a separate sheet.

Are there any special considerations or unusual expenses we should know about? If so, please attach a sheet with details of such considerations or expenses.

The undersigned understand and agree that accounts granted Tuition Assistance in arrears over 60 days that have not made payment arrangements with the finance office can and may have the Tuition Assistance reversed. Accounts will then be responsible to pay the balance of tuition in full.

The undersigned also understands the information contained herein is for the confidential use of the Waldorf School of Saratoga Springs only. I/We declare that the information on this form, to the best of my/our knowledge and belief, it true, correct and complete.

Signature of parent or guardian

Signature of parent or guardian

Printed Name

Printed Name

Date

Date