



# Oasis International School

ÖZEL BAĞIMSIZ ULUSLARARASI OKULU  
KRALIN EĞİTİM VE SAĞLIK HİZMETLERİ TURİZM VE İÇ DİŞ TİCARET LTD. ŞTİ.  
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Phone: +90 (312) 285-7524 | Fax: +90 (312) 286-0560 | www.oisankara.org

## **2018-2019 School Year** **Application for Financial Assistance**

Financial assistance for Oasis International School is provided to help those families who have a genuine need for monetary aid in order for their children to attend. It should be understood that the school's resources for such financial assistance are limited and that the primary responsibility for the payment of school fees lies with the family. This application form is meant to help the school review the needs of the applicants and provide assistance, as funds are available. The information obtained through this application will, of course, be held in strict confidence. **In return, we would ask that you please keep the amount of any assistance granted in strict confidence.** This application will be considered on its own merits and on an individual basis. Any grants awarded will be valid for only one year.

*For those individuals who are with companies who pay these expenses, feel free to have the agency complete this form for you.*

*We reserve the right to ask for documentation of your income, benefits, and liquid assets, in order to verify dollar amounts stated herein.*

### ***FAMILY INFORMATION***

**Family Name**

**Father's First Name**

**Mother's First Name**

**2018-2019 School Year**  
**Application for Financial Assistance**

**Residential Address in Ankara:**

**Permanent Address (if applicable):**

**Email Address:**

**Home Phone:**

**Work Phone:**

**Fax:**

**Occupation of Father:**

**Occupation of Mother**

**Person filling out this form:**

**Position/Title**

*Please list all children enrolled or applying to our school:*

<b><u>Children's Names</u></b> <i>(include family name if different from parents)</i>	<b><u>Gender</u></b>	<b><u>Date of Birth</u></b>	<b><u>Present Grade</u></b>	<b><u>Financial assistance needed?</u></b> <i>(Yes or No)</i>

*Please list any children NOT attending our school (Include pre-school and college students):*

<b><u>Children's Names</u></b> <i>(include family name if different from parents)</i>	<b><u>Gender</u></b>	<b><u>Date of Birth</u></b>	<b><u>Present Grade</u></b>	

**How long do you intend to stay in Ankara**

**How long have you had children enrolled in our school?**

**What amount type of financial aid are you requesting?** *(i.e. payment in installments? Reduced fees etc.?)*

**If you are requesting reduced fees what amount or percentage are you requesting?** *(please be specific)*

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***EMPLOYMENT & INCOME INFORMATION***

	<b><u>Husband:</u></b>	<b><u>Wife:</u></b>
Employer:		
Employer's Address:		
Direct Supervisor:		
Residence Permit Number: OR- Passport and Expiry Date:		
Position/Title:		

***Please indicate the currency your are paid in and approximate USD value:***

	<u>Currency &amp; Amount</u>	<u>Stated in USD</u>	<u>Currency &amp; Amount</u>	<u>Stated in USD</u>
Monthly Salary:				
Other Income:				
Monthly Car Allowance: (If you pay your car expenses from your monthly salary, enter "0.")				
Monthly Car Allowance: (If you pay your car expenses from your monthly salary, enter "0.")				
Estimated Total Family Liquid Assets:				

Other Benefits/Allowances not included above: (Please include all retirement benefits, insurance coverage, etc., which are provided for you which **are not** taken out of the above listed salary.)

<b>Item:</b>	<b>Husband:</b>	<b>Wife:</b>
_____	_____	_____
_____	_____	_____

**OTHER PERTINENT INFORMATION:**

- Who pays your dependents' school fees?
  - \_\_\_\_\_ agency/business pays
  - \_\_\_\_\_ partial, \_\_\_\_\_ full
  - \_\_\_\_\_ school fees paid from personal salary

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2. If your agency/business pays your school fee expenses, what is the maximum amount they are willing to pay?

*(Please attach a copy of your agency's educational allowance policy.)*

3. Are there any extraordinary circumstances that should be considered when reviewing this request for financial aid?

We certify that all information provided by us is correct and complete. We authorize the school to make any necessary inquiries that it deems appropriate for the purposes of evaluating our application.

\_\_\_\_\_  
Father's Signature and Date  
(or person filling out form)

\_\_\_\_\_  
Mother's Signature and Date

**OIS OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Enrollment Application Received: \_\_\_\_\_  
Admission Approved: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Financial Assistance Granted (%): \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
\_\_\_\_\_