



Oasis International School

ÖZEL BAĞIMSIZ ULUSLARARASI OKULU
KRALIN EĞİTİM VE SAĞLIK HİZMETLERİ TURİZM VE İÇ DIŞ TİCARET LTD. ŞTİ.
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Application for Financial Assistance 2014-2015 School Year

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 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. The administration reserves the right to request a new Financial Assistance Application be filled out for any future year the student re-enrolls in the school.

John LEWIS
Business Manager
johnlewis@oisankara.org

*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 Surname _____ Father's First Name _____ Mother's First Name _____

Residential Address in Ankara: _____ Permanent Address (if applicable): _____

Email Address(es): _____

Home Phone: _____ Work Phone: _____ Fax: _____

Father Cell Phone: _____ Mother Cell Phone: _____ Other Cell Phone: _____

Name of Person Filling out this Form: _____ Position/Title: _____

Family Information Continued

Please list all children enrolled or applying to Oasis International School:

Name <small>(include family name if different from parents)</small>	Gender	Date of Birth <small>(month/date/year)</small>	Present Grade	Financial Assistance Needed?
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any children NOT attending our school (include preschool and college students):

Name <small>(include family name if different from parents)</small>	Gender	Date of Birth <small>(day/month/year)</small>	School Attending	School Fees <small>(Annual)</small>
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

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)*

Employment and Income Information

	Husband:	Wife:
Employer Name:	_____	_____
Employer's Address:	_____	_____
Direct Supervisor:	_____	_____
Your Position/Title:	_____	_____
Residence Permit Number -OR- Passport Number and Expiry Date:	_____	_____
<i>Please list all amounts in US dollars:</i>		
Monthly Salary:	_____	_____
Other Income:	_____	_____
Monthly Housing Allowance: <small>(If you pay your housing from your monthly salary, write "0.")</small>	_____	_____
Monthly Car Allowance: <small>(If you pay your car expenses from your monthly salary, write "0.")</small>	_____	_____
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.)

Item:	Husband:	Wife:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Pertinent Information

1. Who pays your dependents' school fees?

Agency/business pays: Partial Full School fees paid from personal salary

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 declare that the information on this application is correct and complete.

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 (or guardian, if applicable)

Date

Mother's Signature

Date

Oasis International School Office Use Only

Date Received: _____

Enrollment Application Received: _____

Admission Approved: _____

Date Reviewed: _____

Comments: _____

Financial Assistance Granted (%): _____

Reviewed By: _____