

**2024-25 Application for Financial Hardship Discount (FHD)**

**Parents**

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Provide Guardian information if applicable in place of parents)

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

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Family Members: Adults\_\_\_\_\_\_\_ Children: \_\_\_\_\_\_

Number of children in college: \_\_\_\_\_\_\_ Number of children married/not living with parents: \_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CPSA Student Full Name** | **Gender** | **Grade****Level****2024-25** | **GPA****2023-24** | **Calculated Tuition Fee** | **Discount Given** | **Tuition****Fee****Assigned** |
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|  |  |  |  |  |  |  |

List student’s names in order of higher to lower grade level. Shaded areas for CPSA office use only.

**Note to Parents – All students are required to maintain a GPA of 3.5 throughout the year.**

**Please circle one - Are you eligible for Zakat: Yes or No**

Combined Family Monthly Income for 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must include last 4 pay stubs of both the parents)

*Adjusted Gross Income* from the parents most recent federal income tax return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If filing separately, *Adjusted Gross Income* from the wife’s most recent federal tax return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you own business? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_ Submit copy of business tax return.

Do you own any rental property: YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_\_ Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Monthly Income:**

Child support received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security benefits that were not taxed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Support (Sponsor) anticipated from friends/relatives/employer: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Phone Number of Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Benefits Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other non-taxable income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assets:**

Value of cash, savings and checking accounts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of stocks, mutual funds and other investments: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of retirement plan assets: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you own your home, what is the estimated market value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Average Monthly Expenses:**

Electricity: $\_\_\_\_\_\_\_\_\_\_\_\_\_Heating/Cooking Gas: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Groceries: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rent/Mortgage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auto Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Misc. (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:**

You may use a separate page to explain special circumstances with information such as parent’s volunteering work with CPSA, Alumni parents etc. that you feel might be helpful in determining your family’s qualification for tuition assistance.

**We hereby declare that all the information stated and submitted is current and accurate to the best of our knowledge. CPSA reserves the right to rescind the full amount of any tuition assistance and demand full payment of all tuition and fees should any of the information included in this application or any supporting documents are found to be untrue**.

**Signatures:**

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  | Total Tuition Fees Paid: $Number of children in CPSA = Grades: |
| FHD Committee Chairperson Signature/Date: |
| FHD Committee Member Signature/Date: | 2024-25 Discounted Fees per month$ |
| FHD Committee Member Signature/Date: | By Parents $ | From Zakat $ | By Sponsor $ |

**----------------FOR OFFICE USE ONLY – BELOW THIS LINE ---------------------**

 Application No. Family Full Name **For 2024-25**

# **The required copy of documents with the application form**

Without these documents, CPSA will not be able to process the application. All documents received by CPSA are kept secured and confidential. Below is the checklist.

* Tax return Form 1040 for 2023 from IRS office for both parents or joint return for joint filers
* All 2022 W-2 Wage and Tax Statements for both the parents
* Last four paycheck stubs for 2024 (one or both parents)
* Business tax return for 2023 if you have your own business (one or both parents)
* Quarterly tax payment if you have your own business (one or both parents)
* Current bill for the electricity
* Current bill for the heating/cooking gas
* Current bill for the water
* Current rent/mortgage payment
* Current Auto and Home Insurance
* Current car(s) payment
* Other income such as social security, child support, worker’s compensation etc.
* Other expenses-payments (please specify)
* Student(s) Report Card (Transcript) from last year
* Additional information below or on a separate page