



PULASKI ACADEMY

School/Organization Financial Aid Application (SOFAA) for 2022-2023

As parents or legal guardians who are financially responsible for the student who may be receiving financial aid, please sign and complete the information requested below. **All information requested and signature lines must be completed to receive the award.**

I understand that the financial aid process, and all associated information, is CONFIDENTIAL. Therefore I agree not to disclose that I am applying for aid, receiving aid, and /or the amount of assistance I may receive. I understand and accept that in the school administration's opinion, if it is perceived (not proven) that I have violated the confidential nature of applying and receiving financial aid, PA WILL withdraw my award.

I understand and agree that my financial aid award will be withdrawn if I did not provide true and accurate information on my School and Student Services ("SSS") application for financial aid and/or on any of the schedules of my US tax returns provided to SSS.

I understand that the student must be officially enrolled and have completed the financial aid application process before receiving financial aid. Also, I must always have an active and valid FACTS account through PA's FACTS Tuition Management System, indicating designate a payment plan.

I understand that I must be current and remain current on all school financial obligations and that failing to do so jeopardizes the receipt of current and/or future aid and may result in financial penalties added to my current financial commitments.

I understand that financial aid may be withdrawn if satisfactory academic standing and/or constructive community citizenship is not maintained by my child or me.

If my household income changes or I acquire new assets valued at more than \$10,000 (a car is an example), I agree to notify Pulaski Academy's Financial Aid office.

I understand that financial aid is awarded on a year-to-year basis. The application for financial assistance must be submitted each year by February 1st of each school year. Receiving financial aid in any school year shall not obligate the school to provide aid for any succeeding year.

I understand that I am obligated to notify the SSS of any change of address, telephone numbers, cellular phone numbers, and especially, email address.

I am officially enrolled for the next school year. However, I understand that aid may not be awarded to students accepted conditionally or on probation.

The student receiving aid shall be subject in all respects to the PA's regulatory and administrative policies. If, in the opinion of the school administration, the student's conduct at school or away from school is unacceptable to the school administration, or the student's academic progress is unsatisfactory, the student may forfeit his/her financial aid award.

A positive working relationship between faculty/administration and parents/guardians is crucial for a student's successful educational experience. If such a relationship cannot be maintained, the PA reserves the right to end its relationship with the family and rescind the remaining portion of his/her financial aid award.

Please list the name of the student that will receive the award: (One student per form)

Student's Name _____ Grade _____

Will this student be involved in school sponsored athletics for the **2021-2022** school year? YES ___ NO ___

Please list which sports _____

***Arkansas Activities Association requires all financial aid recipients in grades 7-12 to indicate if they will be involved in school-sponsored athletics in the year they will receive aid. You must indicate YES or NO above, or your financial aid application will not be processed. If you elect to receive financial aid but did not qualify based on your SSS application, your child may not be involved in a PA athletic program. However, you may choose to be involved in a PA athletic program and not receive financial aid. If you elect to receive aid and indicated NO for the question above, yet your child decides to play a sport, you will forfeit all or a portion of your award.**

Custodial Parents or Legal Guardians Financially Responsible:

Parent/Legal Guardian 1 – Name _____

Parent/Legal Guardian 2 – Name _____

Street Address _____

City _____ Zip Code _____

Home Telephone (____) _____ Work Telephone (____) _____

Cell Phone 1 (____) _____ Cell Phone 2 (____) _____

Email _____

Verify Email _____

Your aid award will be credited to your account when all required documentation is completed and received by SSS.

All information requested above must be completed. Communication from the Financial Aid Office will be by email only; thus, you must include your email address on this form for it to be considered "complete."

The responsibility to apply and submit documents, and maintain updated contact information, lies with the applicant's family. Failure to do so at any time can result in a reduction in your financial aid award.

I have downloaded, read and agree with the terms listed in the Financial Aid Application Checklist and Requirements to Receive Financial Aid forms.

By signing below, I acknowledge that I have read, understand, and agree to all the terms stated in this School/Organization Financial Aid Application and the Continuous Enrollment Contract.

Signature _____ **Date** _____

Relationship to Student _____