



School/Organization Financial Aid Application (SOFAA) for 2019-2020

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 aid I may receive. I understand, and accept that in the opinion of the school administration 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I understand and agree that my financial aid award will be withdrawn if I did not provided true and accurate information on my School and Student Services (“SSS”) application for financial aid and/or on any of the schedules of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.

Once I am offered a financial aid award and I wish to accept the award, I understand that I must establish an account through PA’s FACTS Tuition Management System and designate a payment plan within 10 days from the date of my award notice or the award with be withdrawn.

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

I understand that financial aid may be withdrawn if satisfactory academic standing is not maintained by my child and constructive community citizenship is not maintained by me or my child.

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 and that an application for aid must be submitted to PA by February 1st of each school year. Receiving financial aid in any school year shall not obligate the school to provide aid to said student in 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 who are accepted conditionally or on probation.

The student receiving aid shall be subject in all respects to the regulatory and administrative policies of the school. 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 ward.

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? YES ___ NO _____

***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 process. If you elect to receive financial aid but did not qualify for aid based on your SSS application, you 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 you indicated NO for the question above but 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 in order for it to be considered “complete.”

The responsibility to apply and to submit documents in a timely fashion, and to maintain updated contact information, lies with the applicant 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 form and with the terms of the Enrollment Contract.

Signature _____ **Date** _____

Relationship to Student _____