



Charlie Keyan Armenian Community School

Չարլի Քեյան Համագաղութային Հայ Վարժարան

Financial Aid at CKACS

Since its beginning, the Charlie Keyan Armenian Community School has offered financial aid to families in need of assistance. If you would like to request financial aid, please follow the instructions provided in the guidelines uploaded below. Financial assistance will be based upon an assessment of need as determined from the documentation provided. The maximum amount of financial assistance the school is able to provide is a 50% discount on tuition. There is no financial aid available for Pre Kindergarten.

The deadline for submitting applications for financial aid is July 1. Please submit the application as soon as possible.

[link] Application Guidelines

[link] Application and Budget Form

Financial Aid Terms and Agreements

- The board considers financial aid as an opportunity for families who need assistance and not as a privilege; financial aid is temporary, not long-term assistance.
- The maximum allowable discount may be changed from year to year at the Board's discretion.
- Financial Aid will be provided on an annual basis. However, the Board reserves the right to terminate Financial Aid during the school year if a family is not meeting the conditions of such assistance.
- Financial Aid received in one year does not guarantee that assistance will be provided in subsequent years. Families seeking continued financial aid must reapply with each new school year.
- Families with an outstanding balance from previous years cannot apply for Financial Aid in the current year. Balances from prior school years must be paid in full before the assistance can be granted.
- Parent Participation Hours are mandatory for every family including those on financial aid- 30 hours per year. It is extremely important that you complete the hours prior to the end of the school year.



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GUIDELINES FOR APPLYING FOR FINANCIAL AID

Deadline for submission of ALL Financial Aid Documentation for returning families is JULY 1!

Before you begin the application process please have the following documents accessible:

- Most recently filed tax documentation (W2, recent paystubs, federal tax forms 1040, 1099, etc.).
- Your utility bills
- Rent or mortgage information
- Debt information

Step 1

Download and print out the financial aid application from the CKACS website.

Step 2

Complete the entire application

Step 3

Submit the application to the CKACS office. With the application be sure to submit copies of the following pieces of documentation:

- W2's
- Paystubs for a one month period (both for husband and wife, if applicable)
- Most recently filed Federal Tax Form 1040, 1099, etc.
- Budget of Income and Expenses
- Copy of lease or mortgage statement for one month
- Copy of car payment statement
- Copies of PG&E and other utility bills for a period of one month

Step 4

The financial aid committee will review your documentation and contact you to schedule an appointment, if necessary. The committee will let you know the status of the application prior to the beginning of school.



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Application for Financial Aid

The Charlie Keyan Armenian School will not award financial aid to pre-k students.

Date: _____

Student's Name: _____

(if you have more than one child at CKACS please list all names)

Home Address: _____

Phone Numbers: _____

Grade Level: _____

Employment/ Income Information

Father's Employer: _____ Income \$ _____

Self-Employed? Name of Business _____ Income \$ _____

Mother's Employer: _____ Income \$ _____

Other Source of Income: dividend income, welfare income, social security, child support, alimony, family assistance, unemployment, workers compensation, food stamps etc...

Do you own or rent your home? _____

Do you own real estate other than your home? _____

Do you own or lease any vehicles? _____

Please comment on any additional information that you think should be considered on behalf of your application. _____

I authorize the Financial Aid Committee to investigate for verification of the information provided.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

****Please fill out the budget form on the following page.



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Personal Information			
Applicant's Name	<input type="text"/>	Social Security Number	<input type="text"/> (Not required at this time)
Partner's Name	<input type="text"/>	Social Security Number	<input type="text"/> (Not required at this time)
Address	<input type="text"/>	Home Phone Number	<input type="text"/>
	<input type="text"/>	Applicant's Work Number	<input type="text"/> (Not required)
	<input type="text"/>	Partner's Work Number	<input type="text"/> (Not required)

Employment / Income Information			Net Monthly Income
Applicant	Place of Employment <input type="text"/>	Position <input type="text"/>	<input type="text"/>
Partner	Place of Employment <input type="text"/>	Position <input type="text"/>	<input type="text"/>
Other Income	Source <input type="text"/>		<input type="text"/>
Total Income			<input type="text"/>

Monthly Expenses	
Housing	
Mortgage/Rent	<input type="text"/>
2nd Mortgage	<input type="text"/>
Electric	<input type="text"/>
Gas/Oil	<input type="text"/>
Water/Sewer	<input type="text"/>
Telephone	<input type="text"/>
Food	
Groceries	<input type="text"/>
At Work/School	<input type="text"/>
Dining Out	<input type="text"/>
Child Care	
Day Care/Sitters	<input type="text"/>
Child Allowance	<input type="text"/>
Support/ Alimony	<input type="text"/>
Education	
Tuition	<input type="text"/>
Lessons	<input type="text"/>
Student Loans	<input type="text"/>
Entertainment	
Cable TV	<input type="text"/>
Movies	<input type="text"/>
Sports	<input type="text"/>
Transportation	
Auto Payment(s)	<input type="text"/>
Auto Insurance	<input type="text"/>
Gas	<input type="text"/>
Tolls/Parking	<input type="text"/>
Public Transportation	<input type="text"/>
Maintenance / Repairs	<input type="text"/>
Clothing	
Family Clothes / Shoes	<input type="text"/>
Laundry/Cleaners	<input type="text"/>
Medical	
Dr. / Dentist / Health Ins.	<input type="text"/>
Prescriptions	<input type="text"/>
Other	
Hair Care/ Beauty	<input type="text"/>
Gifts	<input type="text"/>
Vacations	<input type="text"/>
Life Insurance	<input type="text"/>
Church/Temple	<input type="text"/>
Pet Care	<input type="text"/>
Tobacco/Alcohol	<input type="text"/>
Other expenses	<input type="text"/>
Total Expenses	<input type="text"/>

Net Worth Statement	
Assets	
Balance of Bank Account(s)	<input type="text"/>
Stocks and Bonds	<input type="text"/>
Life Insurance Cash Value	<input type="text"/>
Value of Real Estate Owned	<input type="text"/>
Vested Retirement Funds	<input type="text"/>
Value of Automobile(s) Owned	<input type="text"/>
Other Assets	<input type="text"/>
Liabilities	
Mortgage Balance	<input type="text"/>
Auto Loan Balance	<input type="text"/>
Credit Cards	<input type="text"/>
Personal Loans	<input type="text"/>
Judgments/Collections	<input type="text"/>
Net Worth (Assets-Liabilities)	<input type="text"/>
Reason For Seeking Assistance	
<input type="checkbox"/>	Poor Money Management
<input type="checkbox"/>	Reduced Income
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Death of Family Member
<input type="checkbox"/>	Divorce or Separation
<input type="checkbox"/>	Other (Please Identify) _____