

CISV Cincinnati Financial Aid Application

We are pleased that you have become involved with Children's International Summer Villages (CISV) and hope that you have a good experience and stay active in the organization.

The purpose of the CISV Cincinnati Financial Aid application is to assist representatives of the Cincinnati Chapter of CISV who have been chosen to participate in a qualifying experience and are unable to fully pay for the costs associated with that program. By providing some financial aid we hope to make CISV programs available to more local families.

An application for financial aid is not considered in the screening process of selecting a child for a CISV program; the two applications are handled separately.

Once a Financial Aid application has is submitted, all personally identifiable information is removed from the form before the application is evaluated.

Aid is awarded based on the overall need of each family, based upon the funds available for the year and the number of requests received. Financial aid, if awarded, may be up to 50% of the program cost including travel. Any financial aid awarded will be applied directly to the costs of the applicant's CISV experience.

We would also like to remind applicants and their families that there is a volunteer commitment associated with participating in CISV activities. ***As a volunteer organization, CISV programs could not happen without continued volunteer support of the individuals and families involved.***

Instructions for Completing the Application

It is important that you complete all items on the application according to the following instructions:

1. Type or print all entries in ink. Do not use pencil.
2. Enter amounts in whole dollars; omit cents.
3. Do not leave dollar items blank. Enter a zero (0) where appropriate.
4. Attach a separate page if more space is needed or to explain any unusual circumstances.
5. Please submit applications with a copy of your most recent tax return by **Friday, February 7th** to:

CISV Financial Aid Applications
c/o Kerry Gardiner
3547 Mooney Avenue
Cincinnati, OH 45208

You may call Kerry with questions at: 513-885-0693 (or email: gardiner.kf@gmail.com)

Your application will be considered promptly and confidentially, and your request will be honored as fully as possible within CISV guidelines and resources. CISV does not discriminate on the basis of sex, race, religion, ethnic background, or national origin in its selection or funding decisions.

PLEASE PRINT OR TYPE ALL RESPONSES

Applicant's Full Name _____

Name of School Attending and Grade Level _____

Email address if available: _____

FATHER OR GUARDIAN

MOTHER OR GUARDIAN

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

E-MAIL _____

E-MAIL _____

EMPLOYER _____

EMPLOYER _____

----- NOTE: Information above will be removed prior to review of the Financial Aid Application -----

Male ___ Female ___ Date of Birth _____

Applicant lives with: ___ Both Parents ___ Father ___ Mother ___ Other

Name of CISV Program will applicant be attending
(Village, Summer Camp, other – please specify): _____

(Applicant) I am interested in participating in CISV because:

Amount applicant expects to earn or raise toward his/her travel costs and spending money:

\$ _____

Is this your family's first experience with CISV? How was your family introduced to CISV?:

FAMILY FINANCIAL STATEMENT:

Actual previous year Estimated this year

Adjusted gross income (line 37 of form1040)	\$ _____	\$ _____
Total Savings (All savings/investments <u>except</u> retirement funds)	\$ _____	\$ _____

Please attach a copy of your most recent tax return. If parents/guardians file separately, both parents'/guardians' returns must be attached. You may blank out the Social Security numbers (SSN), but not the names. All tax return information will be destroyed after the application is processed.

1. Total size of your household (including the applicant, other dependent children, and parents): _____
2. Estimated cost of your child's CISV experience (program fee, travel, spending money): \$ _____
3. Your family (other than the applicant) will contribute \$ _____ toward the program costs.
4. Your family has the goal to raise \$ _____ toward the costs through the following activities:

5. Substantial costs/debt of your family excluding home mortgage or car loans... \$ _____ (Please explain at the end of the application)

I/we will encourage my/our child to participate fully in his/her CISV program by:

1. attending meetings before the activity
2. speaking about the program after returning home
3. being active in Junior Branch (JB) activities into the future

As a family we pledge to participate fully in CISV activities and volunteer to help the organization by:

Please enter any other pertinent information concerning your application that you feel would be beneficial for the Financial Aid Committee to know about your family and/or your financial situation here:

CERTIFICATION OF ALL PERSONS APPLYING FOR CISV FINANCIAL AID

I hereby certify and affirm that:

1. I am in need of financial aid in order for my child to attend the CISV program
2. I understand that if I receive financial aid from any other sources, I have the responsibility of advising the Financial Aid Committee of the outside aid, if and when such aid exceeds \$500.
3. I also understand that an offer of aid through the Financial Aid Committee is made in good faith, but may be reduced or canceled if funds become unavailable or if sound policy or administrative practice should dictate.
4. The information submitted in this application is true and complete to the best of my knowledge and belief.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date

Signature of Applicant

Date

-----NOTE: Information on this page will be removed prior to review of the Financial Aid Application-----

CISV Cincinnati Financial Aid Guidelines

The guiding principle of CISV's Financial Aid Policy is to use aid funds to attract a diverse group of delegates that is representative of the Greater Cincinnati community, to attract new families and delegates to become active members of the CISV Cincinnati community and to assist current member families to participate in CISV programs.

1. All members and volunteers of CISV Cincinnati shall adhere to strict confidentiality standards regarding Financial Aid applications or allocations and shall not divulge any personal or private information of applicants.
2. The CISV Board of Directors determines total financial aid dollars allocated per calendar year. Funds allocated by the Board shall be administered by the Financial Aid Committee.
3. The selection of delegates shall be a separate process from financial aid awards.
4. The Financial Aid Committee shall award individual aid amounts based on established procedural criteria (e.g. family income, costs for program, discretionary income, identified needs, etc.), not to exceed 50% of the total program costs for the delegate, including travel.
5. When making determinations for financial aid awards the Committee shall consider the guiding principles of the CISV Cincinnati Financial Aid Policy, the needs of the applicants, and funds availability. In the hopes of attracting new families and a diverse group of delegates, the Financial Aid Committee shall favor the inclusion of new families over multiple requests from one family in one year
6. The Financial Aid Committee Chair shall discuss both individual cases and the total of all awarded funds with the CISV Cincinnati Treasurer before sending out awards letters.
7. The Financial Aid Committee Chair shall compile and report general statistics about the range of applicants to the Board's monthly meeting, following the awards by the Committee. The report shall not allow the identification of any particular applicant.
8. The Financial Aid Committee members and Treasurer will attempt to identify, then proactively remedy, conflicts of interest while adhering to the Financial Aid guidelines and principles.
9. Once notified, any applicant or family that wishes to appeal the award of the Financial Aid Committee shall have 30 calendar days from the receipt of the award letter to appeal to the Financial Aid Committee Chair in writing. Upon notice, the Financial Aid Committee Chair shall confer with the Treasurer to determine the possibility for a change to the initial award. If there is an identified conflict of interest on the part of either the Financial Aid Committee Chair and/or the Treasurer, the President shall be consulted for possible consideration by the Executive Board.