

Georgia GOAL Scholarship Application / Westwood Tuition Assistance Westwood Schools

School Year: 2020-2021

The information supplied by the applicant will be considered strictly confidential. It will not be made available to any individual or group not directly concerned with the granting of the Georgia GOAL Scholarship or Westwood Tuition Assistance Program.

Please answer ALL questions on this application form. Please include last names in all name sections and include city and state in all address sections. Please enter N/A (not applicable) if something does not apply to you and your family. Failure to complete all questions may reduce your opportunity for assistance.

“STATEMENT OF PRINCIPLES FOR GRANTING OF TUITION ASSISTANCE IN INDEPENDENT SCHOOLS”

- The maximum amount of tuition assistance that a student is eligible to receive is 50% of tuition.
- Tuition assistance shall be granted only after the need for such assistance has been carefully examined by the school. Every applicant shall be asked to furnish reasonable detailed information concerning their requirements by filling out an appropriate application form. This shall be supplemented by written comments and personal interviews.
- Applications for tuition assistance shall be made annually by April 15 for families presently enrolled.

Name of Parent/Guardian: _____

CIRCLE ONE FOR EACH:

Enrollment: **Initial** Application (New) or **Subsequent** Application (Returning)

Program: **GOAL** Scholarship Application*** or Westwood **Tuition Assistance**

***GOAL eligibility limited to: Any student entering K4 – 1st grade, current Westwood students zoned in a GA Dept of Education low performing school, or any student entering K4 – 12th grade from a GA public school.

1. **APPLICANT INFORMATION:** Only list student(s) eligible for GOAL Scholarship funds or Westwood Tuition Assistance. Complete all items for any students applying for GOAL consideration.

<u>Student Name</u>	<u>Date of Birth</u>	<u>FOR APPLICATION YEAR 20-21</u>	
		<u>GRADE</u>	<u>TUITION</u>
_____	___/___/___	_____	\$ _____
_____	___/___/___	_____	\$ _____
_____	___/___/___	_____	\$ _____
_____	___/___/___	_____	\$ _____

Applicant home address: _____

1. Applicant(s) live with: MOTHER FATHER BOTH PARENTS OTHER

2. Applicant(s) Race: Asian African-American Hispanic White Multi-Racial OTHER
(for statistical purposes for GOAL reporting)

3. FATHER: Name: _____ Legal Guardian YES NO

Address: _____

Employer: _____ Years Employed _____

Business address: _____ Occupation _____

Gross Income (before taxes & deductions): \$ _____ per _____ (week, month or year)

Net take home pay: \$ _____ per _____ (week, month or year)

4. MOTHER: Name: _____ Legal Guardian YES NO

Address: _____

Employer: _____ Years Employed _____

Business address: _____ Occupation _____

Gross Income (before taxes & deductions): \$ _____ per _____ (week, month or year)

Net take home pay: \$ _____ per _____ (week, month or year)

5. Please list all dependent children.

<u>Dependent Name</u>	<u>Age</u>	<u>School/College</u>	<u>Tuition amount paid by parent</u>	<u>Tuition paid by others or aid / discounts</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SELECT WHICH STATEMENT IS APPLICABLE:

_____ I VERIFY BY MY SIGNATURE BELOW THAT I (Legal Guardian) AM PAYING 100% OF TUITION FOR MY CHILD, except what is provided through this scholarship program. No one else makes payments on behalf of my child, and I do not receive a tuition discount other than the multiple child discount, if applicable.

_____ I VERIFY BY MY SIGNATURE BELOW THAT I (Legal Guardian) AM PAYING A PORTION OF TUITION FOR MY CHILD. The amount provided for my child from another source is: \$ _____.

Signature & printed name

Relationship to student

Primary Email - **REQUIRED

Westwood Staff Signature & printed name

Date

7. Please provide the following information regarding annual income for household family members:

	<u>Annual Amounts</u>
Father (step-father if living with re-married mother) gross annual income	\$ _____
Mother (step-mother if living with re-married father) gross annual income	\$ _____
Social Security, Disability or Other Benefits	\$ _____
Alimony & child support	\$ _____
Other: _____	\$ _____

8. In view of your financial circumstances outlined above, what minimum tuition assistance are you requesting that would enable your student to attend Westwood ? _____

9. A personal statement aids in the understanding of your situation and why your family should be considered for assistance from the limited funds available. Please complete the following questionnaire.

STUDENT (parents may assist young children)

I would like to attend Westwood next year because....

PARENT

I would like for my child to have the opportunity to attend Westwood because....

Attending Westwood will change my child's future because.....

Any additional information for Westwood's Financial Assistance Committee to consider.....

10. Please provide a copy of pages 1 & 2 of your last two years 1040 Federal Income Tax Returns.
11. If your child is entering K-4, K-5 or 1st grade, please attach a copy of their birth certificate.
12. **ALL** applicants should attach either a current report card or school transcript. It should show the current date, the school name, the applicant's name and academic performance for each child GOAL or Tuition Assistance is being requested for.
13. Submit the Westwood registration fee with your GOAL Scholarship Application. The registration fee is refundable if (1) no scholarship funds are available or (2) the applicant is determined to be ineligible for assistance through this program. The registration fee is not refundable if the applicant is approved for scholarship funds but chooses not to enroll.
14. Submit the signed "Non-Disclosure and Confidentiality Agreement" stating that your scholarship award is confidential and any breach of confidentiality is subject to Westwood rescinding the tuition assistance.

I understand that all information provided may also be submitted to the Georgia GOAL Scholarship Program for approval, and I acknowledge that all information provided in this application is accurate and that there are no material omissions that would impact the overall financial picture. I understand that providing information to the contrary will prohibit this application from consideration.

Signature: _____

Dated: _____

Printed Name and Relationship to Applicant: _____

Georgia GOAL Scholarship – Westwood Tuition Assistance

CHECKLIST

1. Completed and signed Georgia GOAL Scholarship / Tuition Assistance Application. Signatures are required above Item #7 on the third page and at the end of the application. Failure to complete all items on the application or if either signature is missing will cause your application to be removed from consideration.
2. Registration payment of \$300 for returning families & \$350 for new families.
3. Completed and signed Income Tax Extension Statement **OR** copy of pages 1-2 from last two years (2018 & 2019) 1040 federal income tax returns. Do not include your state return.
4. Copy of Applicant's birth certificate if enrolling in K-4 through 1st grade.
5. Copy of latest report card or school transcript with a current date, the school's name and the applicant's name and academic performance on it for ALL applicants.
6. Copy of signed Non-Disclosure and Confidentiality Agreement form.
7. Checklist page is not required to be attached to your application.
8. Use one paper clip (not staples) to hold your application together.

GOAL Scholarship & Tuition Assistance Criteria

Adopted 1-30-2020

Westwood School is a school for students who are truly interested in a top-quality college preparatory school experience. As a private school, tuition charges commensurate with the provision of such a program are necessary. In recognizing that some families may not be able to provide the full amount of tuition required, a tuition assistance program is available to qualified applicants.

There are persons involved with the school and others in the community who support this program and make it available. Westwood School seeks to include students who have a desire to learn and actively participate during these important learning years. It is the intent of the school to make this opportunity available to students who are not in families that can readily pay the current tuition.

1. The maximum amount of tuition assistance available per student will be 50% of tuition and required fees, excluding the registration fee.
2. All students in grades that are eligible for tuition assistance will be tested according to Westwood admissions criteria.
3. All applicants must be determined eligible for admittance (regarding academics, discipline, attendance and drug screening) by the Westwood Acceptance Committee before they are allowed to apply for any financial assistance. Transfer students should have a minimum of a B or above average, no disciplinary concerns and within income-based guidelines to receive GOAL. Scholarship students shall maintain a C or above average to remain GOAL eligible. Recipients will be evaluated annually at end of school year.
4. After initial acceptance, the Westwood Financial Assistance Committee, which consists of five Westwood supporters (who do not currently have children enrolled in Westwood), will determine eligibility for financial assistance. Members of the committee may include former teachers, former parents of Westwood students, former board members or alumni.
5. Students are eligible for both Tuition Assistance and GOAL, but not to exceed 50%.
6. Drug screening is a requirement of the application process.
7. The registration fee of \$350 (\$300 for current families) must be submitted with the scholarship application. The registration fee is refundable when: a) No scholarship funds are available, or b) Applicant is determined to be ineligible for assistance. The registration fee is not refundable when the applicant is approved for scholarship but chooses not to enroll.
8. Any student receiving GOAL scholarship will be placed on a 12-month contract with first payment due in June. Therefore, June, July and August payments are made before school begins. If payment of tuition is not current in August, student may not attend first day of school. Payment is expected to be kept up to date.
9. Applicants are required to be enrolled in public school a minimum of 1 year before they are eligible to return to Westwood and apply for scholarship funds. (This rule does not apply to students entering K4, K5 or 1st grade.)
10. All GOAL recipients are required to sign a "non-disclosure" form advising recipients if they disclose that they are receiving GOAL scholarship funds, then recipients are subject to having funds withdrawn. The awarding of assistance should be confidential so that the privacy of the recipients and their families is respected.
11. Application for GOAL/tuition assistance must be made annually and is renewable depending on the need of the family and the performance of the student. Application deadline will be April 15 for the presently enrolled families and June 1 for new families.
12. Tuition assistance will generally be awarded according to availability of funds and space in the classroom.

Please retain these guidelines for future reference.

Non-Disclosure and Confidentiality Agreement

This NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT (Hereinafter also called the "Agreement"), is hereby dated and made effective by and between WESTWOOD SCHOOLS, a private, non-profit college preparatory school located in Camilla, Mitchell County, Georgia ("Westwood"), and _____, as the parent and/or legal guardian of _____ ("child(ren)") who is/are the subject of this Agreement (said Parent/Legal Guardian hereinafter also called the "Recipient"). After due and careful consideration between Westwood and the Recipient, the following Agreement is hereby set forth, agreed to and consented to by the parties.

1. Westwood and the Recipient are hereby entering into a non-disclosure and confidentiality agreement with regard to the receipt and award of educational scholarship funds by and through the Westwood Tuition Assistance Program and/or by and through the GOAL Scholarship Program currently existing and offered by Westwood pursuant to the terms, requirements and conditions of the Georgia GOAL Scholarship Program, Inc. (hereinafter referred to as "Permitted Purpose"). The scholarship funds are intended for and shall be used solely for the purpose of assistance for the child(ren) in attending Westwood for the 2017-2018 school year.
2. In connection with the Permitted Purpose, the Recipient will receive an award of funds by and through the Georgia GOAL Scholarship Program, Inc. and the GOAL Scholarship Program of Westwood and/or The Westwood Tuition Assistance Program which said award of funds and the amount of the award of funds shall be deemed confidential, private, and privileged information (hereinafter referred to as "Confidential Information") between Westwood and the Recipient.

THEREFORE, IN CONSIDERATION OF and as a condition of Westwood providing the award of funds by and through the Georgia GOAL Scholarship Program, Inc. and the GOAL Scholarship Program of Westwood and/or The Westwood Tuition Assistance Program, and providing all other Confidential Information to the Recipient, and in addition to other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Westwood and the Recipient, as the parties to this Agreement, further agree and consent as follows:

1. All written and oral information, including all materials and terms regarding the amount of the award and scholarship given to the child(ren) named herein as disclosed and/or provided by Westwood to the Recipient under this Agreement is deemed "Confidential Information" regardless of whether it was provided before or after the date of this Agreement or how it was provided to the Recipient. "Confidential Information" also includes any and all specific and individual information whatsoever which is or may be provided directly to the Recipient by the Georgia GOAL Scholarship Program, Inc. which said information is in any way related to or associated with the child(ren)'s attendance at Westwood.

2. "Confidential Information" further includes and encompasses all data and information whatsoever, and in any form whatsoever, relating to the scholarship award (or any other scholarship funds) provided by and through Westwood to the Recipient pursuant to the terms, requirements and conditions of the Georgia GOAL Scholarship Program, Inc. Said confidential information shall be deemed "Confidential Information" under the terms of this Agreement regardless of the method, process and/or procedure by which the Recipient obtained and accessed such information.
3. The Recipient **must not disclose** Confidential Information to any other person or entity for any reason and under any circumstance without the prior express written consent and permission of Westwood for such disclosure.
4. The Confidential Information will at all times remain confidential, private and privileged information held exclusively between Westwood, Recipient, and the state office of the Georgia GOAL Scholarship Program, Inc. Further, said Confidential Information shall only be used by the Recipient for the Permitted Purposes as specifically set out in this Agreement. The Recipient will not use the Confidential Information for any purpose that might be directly or indirectly harmful or detrimental to Westwood or any of its affiliates.
5. The obligations to ensure and prevent the disclosure of the Confidential Information as imposed on the Recipient in this Agreement will survive the expiration or termination of this Agreement. Said obligations of non-disclosure and confidentiality of the Recipient shall continue for a period of one (1) year from the last day of school as shown on the official 2017-2018 school calendar for Westwood at which time all rights and obligations under this Agreement will automatically terminate.
6. The Recipient agrees and acknowledges that the Confidential Information described herein is of a highly confidential nature and that any disclosure of the Confidential Information to a third party in breach of this Agreement cannot reasonably or adequately be compensated for in money damages and would cause irreparable injury to Westwood, the Westwood Tuition Assistance Program, the GOAL Scholarship Program currently existing and offered by Westwood, and the GOAL Scholarship Program, Inc. Accordingly, the Recipient agrees that Westwood is entitled to, in addition to all other rights and remedies available to it at law or in equity, an injunction restraining the Recipient and any agents of the Recipient, from directly or indirectly committing or engaging in any act restricted by this Agreement in relation to the Confidential Information.
7. If the Recipient makes any unauthorized disclosure, regardless of kind, type or method of disclosure, of any of the Confidential Information, the Recipient will immediately notify Westwood and the Recipient shall further take all reasonable steps necessary to retrieve the lost or improperly disclosed Confidential Information.

8. Recipient acknowledges and understands that any unauthorized disclosure of the Confidential Information, in any form whatsoever, whether such disclosure is intentional or accidental, may result in legal or other action against Recipient. Any unauthorized disclosure may ultimately result in termination of the financial award funds and/or could also result in dismissal of the child(ren) from Westwood. Any action taken shall be in the sole discretion of the Westwood Board of Trustees in order to protect the integrity and values of Westwood.

General Provisions

- This Agreement will be construed in accordance with and governed by the laws of the State of Georgia.
- The Recipient shall be liable for any and all costs, expenses and expenditures including, and without limitation, the complete legal costs incurred by Westwood in enforcing this Agreement as a result of any default of this Agreement by the Recipient.
- Westwood and the Recipient acknowledge that this Agreement is reasonable, valid and enforceable. However, if a court of competent jurisdiction finds any of the provisions of this Agreement to be too broad to be enforceable, it is the intention of Westwood and the Recipient that such provision be reduced in scope by the Court only to the extent deemed necessary by that Court in order to render the provision reasonable and enforceable, bearing in mind that it is the intention of the Recipient to give Westwood the broadest possible protection against disclosure of the Confidential Information.
- No failure or delay by Westwood in exercising any power, right or privilege provided in this Agreement will operate as a waiver, nor will any single or partial exercise of such rights, powers or privileges preclude any further exercise of them or the exercise of any other right, power or privilege provided in this Agreement. This Agreement will inure to the benefit of and be binding upon the respective heirs, executors, administrators, successors and assigns, as the case may be, of Westwood and the Recipient. This Agreement constitutes the entire agreement between the parties and there are no further items or provisions, either oral or otherwise.

IN WITNESS WHEREOF, WESTWOOD and the Recipient, have duly affixed their signatures and made this Agreement effective under hand and seal on this ____ day of _____, 2020.

RECIPIENT – Parent/Legal Guardian

WESTWOOD

BY: _____
As representative of Westwood GOAL
Scholarship Program and/or Westwood
Tuition Assistance Program



Income Tax Extension Statement 2019 Tax Year

This statement should be completed if you applied or will apply for an extension of time to file your 2019 U.S. Federal income tax return.

Name of Student Applicant: _____

Name of Parent / Guardian: _____ SSN: _____

Address: _____ Phone: _____

City/State/Zip: _____ E-mail: _____

2019 Estimated Adjusted Gross Income \$ _____

If the coronavirus (COVID-19) will negatively affect your 2020 income, please list your 2020 Estimated Adjusted Gross Income on the line below:

2020 Estimated Adjusted Gross Income \$ _____

CERTIFICATION:

By signing this form, I certify that I applied for or intend to apply for an extension of time to file a 2019 Federal income tax return. I certify that all of the information reported on this form is correct.

_____ Signature of Parent / Guardian

_____ Date