Instilling Goodness Developing Virtue School
2001 Talmage Rd. Ukiah, CA 95482
Boys Division (707) 468-1138 dvbs@drba.org
Girls Division (707) 468-3847 dvgs@drba.org

STUDENT FINANCIAL AID APPLICATION

Date of Application: _____ /_____ / _____ ☐ Fall ☐ Spring Year: _____

1. Student Information:

Last Name: _____ First: _____

Address: _____ City: _____ State: ____ Zipcode: _____

Date of Birth: _____ /_____ / _____ Age: _____ Sex: _____ Grade:_____

How long has your child been at IGDVS? _____

☐ Day Student ☐ Dormitory Student ☐ Parents are residents of CTTB

2. Parent Information:

	Father	**Mother**
Name	_____	_____
Cell Phone Number	(_____) _____	(_____) _____
Work Phone Number	(_____) _____	(_____) _____

Assets:

Cash, Checking, Savings, Money Market, and Stocks	$ _____	$ _____
Home	☐ Owned ☐ Rented	☐ Owned ☐ Rented
Home (Purchase Price)	$ _____	$ _____
Other Real Estate	$ _____	$ _____
Monthly Mortgage/Rental	$ _____	$ _____

Income:

Gross Annual Income	$ _____	$ _____
Current Monthly Earnings	$ _____	$ _____
Child Support for Children	$ _____	$ _____
Food Stamp/Other Income	$ _____	$ _____
Disability	$ _____	$ _____
FDC/ TANF	$ _____	$ _____

3. Acknowledgment and Signature:

We certify that all information provided on this form is true and complete to the best of our knowledge. We agree to provide documentation (e.g., most recent tax returns, W-2 forms) to verify the information submitted. We understand that any false statements or misrepresentations may result in the denial, reduction, withdrawal, or repayment of financial aid. Signatures are required from all individuals reporting income above.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Students are encouraged to volunteer at the school and/or monastery as a way of showing appreciation for the financial aid they have received.

I, _____, would like to _____
for _____ hours per week.

Signature of Student: _____ Date: _____

4. Financial Aid Granted Last School Year:

Tuition $ _____ Room & Board $ _____ Dormitory Fee $ _____

5. Principal Comments:

6. Core Teacher Comments:

7. Dormitory Supervisor Comments:

FOR OFFICE USE ONLY

8. Principal's Suggestion:

Regular Fees: ☐ Fall ☐ Spring ☐ Both semesters

Tuition $ _____ Room & Board $ _____ Dorm Fee $ _____

Suggested Reduction: ☐ Fall ☐ Spring ☐ Both semesters

Amount waived: Tuition $ _____ Room & Board $ _____ Dorm Fee $ _____

Balance due: Tuition $ _____ Room & Board $ _____ Dorm Fee $ _____

9. Tuition Waiver Approval:

Signature: _____ Date: _____

Comments: _____

Signature: _____ Date: _____

Comments: _____

Signature: _____ Date: _____

Comments: _____

10. Room & Board Waiver Approval (DRBA)

Signature of TM: _____ Date: _____

Comments: _____

Signature of JGH : _____ Date: _____

Comments: _____

Date Reviewed: _____ /_____ / _____ **Status:** ☐ Approved ☐ Denied

Total Amount Granted: $_____