2023-2024 School Year Tuition Assistance Application

The Tuition Assistance Program (TAP) for Oasis International School is provided to help those families who have a genuine need for monetary aid in order for their children to attend. It should be understood that the school's resources for such financial assistance are limited and that the primary responsibility for the payment of school fees lies with the family. This application form is meant to help the school review the needs of the applicants and provide assistance. The information obtained through this application will, of course, be held in strict confidence. *In return, we ask that you keep the amount of any assistance, if granted, in strict confidence. Your TAP will become void if you share the details with others and you will no longer receive any assistance.* The application with incomplete information will not be reviewed by the Financial Assistance Committee. This application will be considered on its own merits and on an individual basis. Any grants awarded will be valid for only one year.

For those individuals who are with companies who pay these expenses, feel free to have the agency complete this form for you.

We reserve the right to ask for documentation of your income and benefits in order to verify the information stated herein.

FAMILY INFORMATION

Applicant's Last Name:
Applicant's First Name:
Relationship to the Student:
OASIS Family Code (if available):

Email Address:				
Mobile Phone:		Work Phone:		
Residential Address:				
Nationality of Father: Occupation of Father:		Nationality of Mother: Occupation of Mother:		
Children's Names (include family name if different from parents)	Gender (M/F)	Date of Birth (MM/DD/YY)	Grade (2023-2024)	
Please list any children NOT at Children's Names	Gender	Date of Birth	Grade	college students)
(include family name if different from parents)	(M/F)	(MM/DD/YY)	(2023-2024)	

• How long have you had children enrolled in our school?

EMPLOYMENT & INCOME INFORMATION

	Father	Mother
Employer		
Employer's Address		
Employer's Website		
Employer's Phone No.		
Your Position/Title		
Supervisor's Name		
Monthly Income (USD)		
Monthly Income (TRY)		
Children Education Allowance (USD)		
 Are there any extraord request for financial aid 	inary circumstances that should be	e considered when reviewing this
What percentage (or ar	mount) are you requesting?	
· ·	ssary inquiries that it deems app	and complete. We authorize the propriate for the purposes of
Applicant's Signature		Date

OASIS USE ONLY	
Date Received:	
Enrollment Application Received:	
Admission Approved:	
Date Reviewed:	
Comments:	
- -	
Financial Assistance Granted (%):	
Reviewed By:	
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