



## **2026-2027 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:**

**Nationality of Mother:**

**Occupation of Father:**

**Occupation of Mother:**

*Please list all children enrolled or applying to our school:*

| <b>Children's Names</b><br><i>(include family name if different from parents)</i> | <b>Gender</b><br><i>(M/F)</i> | <b>Date of Birth</b><br><i>(MM/DD/YY)</i> | <b>Grade</b><br><i>(2025-2026)</i> |
|---|-------------------------------|---|------------------------------------|
|   |                               |   |                                    |
|   |                               |   |                                    |
|   |                               |   |                                    |
|   |                               |   |                                    |
|   |                               |   |                                    |

*Please list any children NOT attending our school (Include pre-school and college students):*

| <b>Children's Names</b><br><i>(include family name if different from parents)</i> | <b>Gender</b><br><i>(M/F)</i> | <b>Date of Birth</b><br><i>(MM/DD/YY)</i> | <b>Grade</b><br><i>(2025-2026)</i> |
|---|-------------------------------|---|------------------------------------|
|   |                               |   |                                    |
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|   |                               |   |                                    |
|   |                               |   |                                    |
|   |                               |   |                                    |

- How long have you had children enrolled in our school?
- How long do you intend to stay in Ankara?

**EMPLOYMENT & INCOME INFORMATION**

|                                    | <b>Father</b> | <b>Mother</b> |
|------------------------------------|---------------|---------------|
| 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) |               |               |

- Does your employer pay or subsidize your child(ren)'s school fees? **YES or NO**
- If your employer pays or subsidizes the school fees, what is the maximum amount they are covering? *(Please attach a copy of your employer's educational allowance policy.)*
- Are there any extraordinary circumstances that should be considered when reviewing this request for financial aid?
- What percentage (or amount) are you requesting?

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**We certify that all information provided by us is correct and complete. We authorize the school to make any necessary inquiries that it deems appropriate for the purposes of evaluating our application.**

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**Applicant's Signature**

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**Date**



**OASIS USE ONLY**

Date Received:

Enrollment Application Received:

Admission Approved:

Date Reviewed:

Comments:

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Financial Assistance Granted (%):

Reviewed By:

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