AIMS education

AIMS EDUCATION NEED BASED SCHOLARSHIP PROGRAM

(FOR NEW ENROLLEES ONLY – NOT OFFERED TO CURRENT STUDENTS)

The AIMS Education Need Based Scholarship has been established to help bridge the financial gap that often prevents students from pursuing their dreams of higher education. This scholarship is awarded based on financial need and is only offered to incoming AIMS students who are pursuing a career in the healthcare field.

Please use the below check list to determine if you meet the minimum requirements to apply:

	Yes	No
Gross Income Does Not Exceed Limits Indicated in the Next Table *(Documentation Required- See Pg. # 4)*		
Have Required Documentation: • Tax Returns from Previous Year • W-2's (if employed) • 3 Month's Bank Statements		

Applicants with a Household Size of	Gross Income Not to Exceed
1	$15,960
2	$21,640
3	$27,320
4	$33,000
5	$38,680
6	$44,360
7	$50,050
8	$55,720
**	For each additional member of the household add $5,680

If you answered NO to any of the above mentioned criteria, please **DO NOT** proceed further. If you answered YES to all, then you qualify to apply for this scholarship program.

The AIMS EDUCATION NEED-BASED SCHOLARSHIP application package consists of the following-

- ☐ Student Information Form: Student Name:_____
- ☐ Household and Income Information Form (Copies of supporting documents must be attached)
- ☐ Hand Written Essay

Qualifying applicants must complete and submit **ALL** of the above to the Finance Department. The submission can be made in person or via mail (Do not fax or email applications). **Completed applications are due at the time of enrollment. Incomplete or late applications will not be accepted.**

Applications are reviewed and recipients are selected by the AIMS Scholarship Committee. Recipients are notified of the awards within 30 days from the deadline for submission. **Do not attach any original documents.** Any documents submitted will not be returned to the applicant, irrespective of the outcome of review, and determination. A notification will be sent with outcome.

ELIGIBILITY AND QUALIFICATIONS:

To apply, an applicant must-

- Be a Legal Resident of U.S.A. - Both New Jersey residents and out-of state students are eligible.
- Have a gross income that is within the criteria shown in table on Page # 1.
- Have satisfied all admission requirements as determined by AIMS Education, and must be enrolled in a post-secondary eligible program with AIMS Education.
- Apply for financial aid (if enrolling in a financial aid program) by completing and submitting the Free Application for Federal Student Aid (FAFSA). This is available online at www.fafsa.ed.gov. **Federal School Code is 041364.** A student must complete all institutional forms and supporting documentation with the Office of Financial Aid.
- Demonstrate significant unmet financial need.
- Demonstrate the ability to overcome challenges, obstacles and possess positive attitude.
- Not be in default on any student loan, be behind if on institutional payment plan or owe a refund on any state or federal grant.
- The applicant is a dislocated worker or dependent on a dislocated worker.

For continued eligibility, the applicant must-

- Maintain a minimum GPA of 3.0 or greater
- Maintain minimum attendance of 90%
- Stay current if on institutional payment plan

DISCLAIMERS:

The Board of Directors reserves the right to make final decisions related to all aspects of scholarships offered to students at AIMS Education.

Need Based Scholarships are awarded for the academic year, based on available funding. No 'set of numbers' guarantees a scholarship. Only students who qualify for scholarships are notified.

AIMS Education Scholarship Committee reviews the scholarship application package to select recipients for Need Based Scholarship. Grant of award shall be subject to limits decided by Board of Directors including, but not restricted to, monetary limits and number of awardees.

All awarded scholarships will be disbursed to the students account towards the institutional fees for that academic year.

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STUDENT INFORMATION FORM

Student Name: _____ Student ID: _____

Address:_____ City/Zip code:_____

Date of Birth: _____ Social Security Number: _____

E-mail address: _____

Home Phone: _____ Cell Phone: _____

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Program Enrolled In: _____ Start Date: _____

Award year: _____ Academic Year:_____

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Parent/Guardian's Information (For Dependent Students Only)

*Parent/ Guardian Name (Primary Contact)*_____

*Address:*_____ *City/Zip code:*_____

E-mail address: _____

Home Phone: _____ *Cell Phone:* _____

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I wish to apply for Need Based Scholarship. I meet the minimum eligibility requirements, and declare that the information submitted is correct and complete to the best of my knowledge. I acknowledge that the submission of incorrect or incomplete information may result in non-award of or a cancellation of scholarship at any stage. I authorize AIMS Education to obtain further information if necessary with respect to my application.

Student Signature: _____ Date: _____

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HOUSEHOLD AND INCOME INFORMATION FORM

Student Name:_____

Please do not leave any blanks. Enter 'zero' or 'N/A' where applicable

General Household Information			
Question	**Answer**	**Question**	**Answer**
Number in household		Is the student legally present in the country	
Number in college during current academic year		Annual amount of college expense paid by family (excluding grants/ scholarships/ need based assistance)	
Does either parent own a business		Type of business owned	

Family and Household Income Information (Refer to previous year's Federal Tax Form and W2 Forms)			
Question	**Answer**	**Question**	**Answer**
Total Adjusted Gross Income		Social Security Benefits	
Total Taxes Paid		Child Support Received	
Interest/Dividend Income		Alimony Received	
Business/Farm/Rental Income		TANF Benefits (Temporary Assistance to Needy Families)	

Please attach the following supporting documents with your application.

- Tax Returns from Previous Year
- W-2's (if employed)
- 3 Month's Bank Statements

Additional documentation can be attached with the application for review.

I declare that the information submitted is correct and complete to the best of my knowledge. I acknowledge that the submission of incorrect or incomplete information may result in non-award of or a cancellation of scholarship at any stage.

Student Signature: _____ Date: _____

ESSAY

Please describe how you came to the decision to pursue a higher education in the healthcare field and what strengths do you possess that will make you successful in this endeavor?

Student Name: _____

Essay Page 1 of 2

Student Name: _____

Essay Page 2 of 2

Student Name:_____ ID:_____

For Office Use Only

Scholarship Committee Review and Comments

Name: _____ Signature:_____ Date:_____

Comments:_____

Name: _____ Signature:_____ Date:_____

Comments:_____

CFO/ Director: _____ Signature:_____ Date:_____

Comments:_____

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Scholarship Committee Decision

Student Approved: Yes _____ No _____

Amount to be Awarded: _____ Academic Year:_____

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Finance Department Actions

Financial Aid Department- Records Updated and Posted by: _____

Signature: _____ Date:_____