



STUDENT TUITION ASSISTANCE PROGRAM POLICIES AND REGULATIONS

Students entitled to Tuition Assistance:

Tuition assistance in the form of scholarships and tuition discounts is available to students of Academy of Our Lady of Guam. Students who wish to apply for assistance must supply evidence of financial need, complete the school year for which the assistance is granted, maintain good standing by following the rules, regulations and philosophy as stated in the Student-Parent Handbook, maintain GPA and/or other requirements as established by award sponsor each year of award.

LIMITATIONS. Tuition assistance shall be subject to the following limitations:

- a) A student must be a bona fide resident of Guam. In addition, a receipt must be either a United States citizen or a permanent resident alien.
- b) Recipients may be subject to additional limitations, dependent upon the type of assistance form Academy of Our Lady, private donor, organization or corporate giver. In each case, limitations will be posted when such awards are made public.

ELIGIBILITY. Candidates applying for assistance must meet the following eligibility requirements:

- a) Must maintain high academic and character standing, as defined in the Student-Parent Handbook.
- b) Must maintain GPA of 3.0 and/or other requirements established by award sponsor and complete the academic school year at the Academy of Our Lady for which the tuition assistance was awarded.
- c) Must submit an essay, Why I want to attend the Academy of Our Lady of Guam. Essay must be 300 words or one (1) page type written.
- d) Must be Bonafide resident of Guam and citizen of the United States or permanent resident alien.
- e) Must supply evidence of financial need.
- f) **Income Eligibility based on your annual income and number of people in the household.**



Academy of Our Lady of Guam

233 Archbishop Flores Street, Hagatna, Guam 96910

☎ - (671) 477-8203 📠 - (671) 477-8555

Email: acad@aolg.edu.gu ↩ web: www.aolg.edu.gu

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SELECTION PROCEDURE. The Tuition Assistance Committee shall submit qualified candidates to the Administration who will make the final selection. A signed statement of acceptance or rejection of an award shall be submitted by the chosen candidate(s). In the event the recipient declines to accept the award, the list of remaining selectees will again be reviewed by the committee and another recipient will be chosen.

BENEFITS OF AWARD. Award recipients are entitled to benefits as stated by the Academy of Our Lady, private donor, organization and/or corporate giver.

OBLIGATIONS OF AWARDEES. An award recipient must fulfill the following obligations as established by the Academy of Our Lady of Guam:

- a) Maintain a GPA of 3.0 and/or other requirements as established by award sponsor each year of the award.
- b) Meet the academic and other requirements governing students at the Academy of Our Lady of Guam, and complete the school year for which the tuition assistance was awarded.
- c) Comply with all regulations as established by the Academy of Our Lady, private donor, organization or corporate giver, and as approved by the Tuition Assistance Committee.

FORFEITURE CANCELLATION OF AWARD. Any of the following shall result in forfeiture cancellation of an award.

- a) Failure to maintain a GPA of 3.0 and/or other requirements as established by award sponsor each year of the award.
- b) Failure to meet the academic and other requirements governing students at the Academy of Our Lady of Guam.
- c) Failure to complete the full academic year.
- d) Failure to comply with all regulations as established by the Academy of Our Lady, private donor, organization or corporate giver, and as approved by the Tuition Assistance Committee.

In cases of unfortunate or extreme conditions which may result in possible forfeiture cancellation of award, the recipient and her circumstances may be reviewed by the committee before any action is taken. Such cases must be presented to committee members by recipient or her representative in a letter form, and each case will be individually reviewed by committee members before further action is taken.



STUDENT TUITION ASSISTANCE PROGRAM APPLICATION INSTRUCTION

Please read these instructions carefully. **An application that is incomplete or is not supported by the required documents will not be considered.** The Business Office staff will assist you, if necessary, in completing the application form.

APPLICATION FORM: Provide all the information requested and submit the completed application to the Business Office on or before **July 31, 2026.** The documents specified below must be provided in support of your application.

ELIGIBILITY FOR TUITION ASSISTANCE: An applicant must meet eligibility requirements as detailed in "Policies and Regulations".

ADMISSION DOCUMENT: Submit a copy of your letter of acceptance for the schoolyear for which you will be applying for tuition assistance. **(Student must apply and accepted in order for the committee to process the Tuition Assistance Application).**

ACADEMIC GRADE REPORT: Provide a copy of your most recent grade report from the school you are currently attending.

EVIDENCE OF FINANCIAL NEED: Applicants must provide evidence of financial need. Submit a copy of the most recent Income Tax Report (1040, 1040A, 1040EZ). A monthly Income and Expenses Statement (form is attached) is also required. In addition, the applicant must submit a copy of the most recent check stubs of parents or guardians, and sign Authorization to Release Information (form is attached). **Tuition Assistance application will not be processed without the completed documents.**

The Tuition Assistance Committee will notify you of any action taken on your application. If your application is approved, a Letter of Conditions and the amount of your award will be mailed to you. This letter must be submitted to the Business Office before award can be applied to your account.

APPROVAL OF APPLICATIONS FOR TUITION ASSISTANCE IS CONTINGENT ON THE AVAILABILITY OF FUNDS.



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TUITION ASSISTANCE FORMS CHECK LIST

Student Name: _____ Grade: _____

Application	() Complete
Income and Expense Statement	() Complete
Authorization to Release Form	() Complete
1040 Tax Filing Copy	() Complete
Recent Check Stub Copy	() Complete
Letter of Acceptance Copy	() Complete
Most Recent Copy of Report Card	() Complete
Essay	() Complete

Please check all that apply and attach supporting document.

___ Student participation in Federal Free School Program

___ Family Lives in low income housing

___ Family receives Food Stamp Assistance

___ Other: _____

Please note that your tuition assistance application WILL NOT be considered until all the above documents have been submitted.

Received by: _____

Date: _____



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APPLICATION FOR TUITION ASSISTANCE

Please use typewriter or block letters in ink. Submit the completes application to the Business Office on or before designated deadline. **Late and incomplete applicaitions, and those without supporting documents, will not be considered.** Refer to INSTRUCTION TO APPLICANTS accompanying the application form.

APPLICANT'S NAME: _____
(Last) (First) (Middle)

GRADE LEVEL FOR WHICH APPLICANT IS APPLYING FOR TUITION ASSISTANCE:
Grade 9 _____ Grade 10 _____ Grade 11 _____ Grade 12 _____

MAILING ADDRESS: _____

VILLAGE OF RESIDENCE _____ TELEPHONE _____

PERSONAL DATA

DATE OF BIRTH _____ PLACE OF BIRTH _____ SOCIAL SECURITY# _____

FATHER'S NAME: _____ EMAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____ PHONE#: _____

MOTHER'S NAME: _____ EMAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____ PHONE#: _____

CITIZEN OF THE UNITED STAES: () BY BIRTH () BY NATURALIZATION

FOR PERMANENT RESIDENTS ALIEN:

Alien Registration No. _____ Date: _____

Country of Citizenship _____ Resident of Guam (month, year) _____

EDUCATIONAL DATA

Last School Attended

School Address

I hereby certify that the information I have given in this application and in supporting documents are true and correct to the best of my knowledge and belief. I agree to comply with all the regulations and procedures that are applicable to the financial assistance granted by the Tuition Assistance Committee.

Applicant's Signature

Date



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MONTHLY INCOME & EXPENSE STATEMENT

(To be completed by parents/legal guardians. Please attach copy of most recent Income Tax Return)

APPLICANT'S NAME: _____ GRADE: _____

PARENTS/GUARDIANS: _____

GROSS MONTHLY INCOME:

Salary & Wages (include O/T pay, commissions, bonuses) \$ _____
Pension and Retirement \$ _____
Social Security \$ _____
Disability and Unemployment Insurance \$ _____
Public Assistance (Welfare, etc) \$ _____
Child/ Spousal Support (prior marriage) \$ _____
Dividends/ Interest. \$ _____
Rentals \$ _____
Other Sources (please specify) \$ _____
A.TOTAL MONTHLY INCOME \$ _____

DEDUCTIONS FROM GROSS INCOME:

Income Taxes (Local and Federal) \$ _____
Social Security Taxes \$ _____
Medical/Dental Insurance. \$ _____
Retirement or Pension Contribution \$ _____
Other Expenses (please specify) \$ _____
B. TOTAL MONTHLY DEDUCTIONS \$ _____

C. NET MONTHLY INCOME (Line A minus Line B) \$ _____

MONTHLY EXPENSE:

Rent or Mortgage Payment (residence) \$ _____
Other Installment Payments (specify) \$ _____
Food \$ _____
Utilities (power, gas, water, telephone) \$ _____
Medical/Dental (not covered by insurance) \$ _____
Child Care \$ _____
Educational (Tuition Expense) \$ _____
D.TOTAL MONTHLY EXPENSE: \$ _____

MONTHLY INCOME BALANCE (Line C minus Line D) \$ _____

We certify that the statements and information provided herein are true and correct.

Signature of Parent/Guardian

Signature of Applicant

Relationship to Applicant

Date



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TUITION ASSISTANCE PROGRAM AUTHORIZATION TO RELEASE INFORMATION FORM

TO:

Company

Address

TO:

Company:

Address

I/ We, _____, _____,

Hereby authorize the above company(ies) to release information to Academy of Our Lady of Guam, regarding my employment as required by the Tuition Assistance Program.

Signature

Print Name

Home Phone# / Work Phone#

_____ / _____

Date

Signature

Print Name

Home Phone# / Work Phone#

_____ / _____

Date
