

2018-19 Residential Fee Structure

2017-18 Academic Year	Basic Waiver	Additional Minimum Waiver*	Additional Maximum Waiver*
Room & Board Fee Includes \$100 Deposit Due Junior Year upon Enrollment	\$8600	\$8600	\$8600
Scholarship	\$5080	\$6350	\$7112
Academy Textbook/Supply/ Technology Fee	\$260	\$105	\$105
Total Yearly Fee	\$3780 or	\$2355 or	\$1593 or
Billed ½ of Total Per Semester	\$1890 per Semester	\$1177.50 per Semester	\$796.50 per Semester

Optional Fees

Optional Fees	Cost
Laptop Rental	\$50 per semester with a one-time \$200 refundable deposit
Yearbook	\$25 digital
Graphing Calculator Rental	\$20
Dual Credit (Earn High School and College Credit)	\$25 - \$250 (Price varies by class and is per course)
Application Fee to BSU to take Dual Credit	\$50 (Paid once to be eligible for Dual Credit)
Audit a BSU Class for High School Credit	\$55 (per course)**
BSU Class for Full College Credit	\$1,112.00 - \$1,496.00 per class**

*Based on financial need and requires proof of income

**Subject to change

Description of Fees

- Enrollment Deposit
 - \$100 non-refundable enrollment deposit due upon admission to the Indiana Academy
 - **The enrollment deposit will be applied toward the first semester Room & Board fee**
- Textbook, Supply, and Technology Fees
 - \$155 textbook fee, \$55 technology fee, and \$50 supply fee - totaling \$260 per year/\$130 per semester
 - Students that qualify for fee waivers receive text books at no charge
- Room & Board Fee – Includes a Dining Plan – 3 meals per day - Breakfast, lunch and dinner provided daily
- Financial Assistance
 - For those families who do not qualify for the fee waivers, or need additional assistance, limited funds are available. An application for financial assistance must be completed and submitted along with supporting documentation.
- Optional Fees
 - Students can rent a laptop during the school year provided by the Indiana Academy.

Withdrawal Reimbursement Policy for Room & Board and Textbook Fee

Withdrawal Week #	% Refund
1	100%
2	75%
3	50%
4	25%
5	0%

Financial Aid Information

Within this packet you will find the following paperwork to apply for financial aid while attending The Indiana Academy for Science, Mathematics, and Humanities:

- Application for Financial Assistance
- Application for Fee Waiver

INCOME ELIGIBILITY GUIDELINES*

www.doe.in.gov/food

July 1, 2017 – June 30, 2018

Minimum Waiver		Maximum Waiver	
Household Size	Yearly Gross Income (from all sources)	Household Size	Yearly Gross Income (from all sources)
1	\$22,311	1	\$15,678
2	\$30,044	2	\$21,112
3	\$37,777	3	\$26,546
4	\$45,510	4	\$31,980
5	\$53,243	5	\$37,414
6	\$60,976	6	\$42,848
7	\$68,709	7	\$48,282
8	\$76,442	8	\$53,716
For each additional person	+\$7,733	For each additional person	+\$5,434

***SUBJECT TO CHANGE WITHOUT NOTICE**

Please mail completed forms to:

**Cary Witter
The Indiana Academy
Room 109
Ball State University
Muncie, IN 47306**

INDIANA ACADEMY APPLICATION FOR FINANCIAL ASSISTANCE

PART I

Please check one of the options below:

 Applying for a Fee Waiver and requesting assistance with Ball State's housing fee.

 We do not qualify for the Fee Waiver but are requesting financial assistance with the Ball State housing fee from the Academy's Foundation Funds.

GENERAL INFORMATION

Student's Name _____

Name of Parent or Guardian _____

Home Address _____ City _____

State _____ Zip Code _____ Phone _____

Alumni and friends of the Academy have contributed to the Academy's various foundation accounts, but particularly to the Scholars Fund, a special fund to be used to provide assistance to families who may struggle with the Ball State housing fee.

Parents: Please use the space below to describe in detail the circumstances which make paying the housing fee a hardship for your family. You may attach additional pages if necessary.

PART II

Student: Briefly describe why you chose to attend the Indiana Academy, and how you feel your Academy education will benefit you after high school with your college and career plans.

In order to be eligible for this assistance, students must remain in good standing at the Academy, both academically and residentially. Need-based aid will be awarded at the discretion of the Executive Director on a semester basis. Availability of funds will depend upon the number and merit of applications received.

It is expected that if a family's circumstances change, they will notify the committee that further assistance is not needed. They may also petition (on a timely basis) for increased assistance if the need arises.

A copy of the family's 2017 Federal Tax Return is required to assist in making a fair determination regarding this application. Circumstances which contradict or negate figures contained on the return should be explained in Part I of the application.

I understand the conditions and requirements of this application and promise to abide by the decision of the Executive Director.

Signature of Student

Date

Signature of Parent or Guardian

Date

ACADEMY USE ONLY:

Amount of assistance granted: _____

Date: _____

**Please return your completed application to Cary Witter, Administrative Coordinator,
Academy House 109, Ball State University, Muncie, IN 47306.**

Administrative coordinator

APPLICATION FOR FEE WAIVER

Effective July 1, 2005 - One Application per Household

Part 1. NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTH DATE	SCHOOL	GRADE	CHECK IF A FOSTER CHILD	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /

If ALL children listed above are foster children, skip to Part 5 and sign. If ANY of the children have a food stamp/TANF case number, skip to Part 5 and sign.

Part 2. If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5.

Name: _____ Case Number: ____/____/____/____/____/____/____/____/____/____

Part 3. If any child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call [insert your school's homeless liaison/migrant coordinator] at [insert phone number]. Migrant Homeless Runaway

Part 4. LIST ALL HOUSEHOLD MEMBERS	ALL OTHER HOUSEHOLD TYPES														Check if NO income										
	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES <i>Examples: \$100/monthly or \$100/every 2 weeks or \$100/twice a month or \$100/weekly</i>																								
NAME	Earnings from Work Before Deductions	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Welfare Payment Child Support, Alimony	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Pension, Retirement, Social Security	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	All Other Income	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	
<i>Example: Jane Smith</i>	\$ 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. SIGNATURE: An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "No Social Security Number" box. (See Privacy Act Statement on the back of this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X _____ *** - ** - ____/____/____ No Social Security Number _____
 Signature Of Adult Household Member Social Security Number Home Telephone # / Work Telephone #

 Printed Name of Adult Household Member Date Signed _____ Home Address/Apt # _____ Zip Code _____

Part 6. OTHER BENEFITS – This section does not need to be completed to receive free or reduced price meal benefits.		
Do you want to receive textbook assistance? YES If, YES, SIGN TO THE RIGHT → NO	I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. PARTS 260 AND 265. X _____ SIGNATURE OF PARENT/GUARDIAN DATE _____	SCHOOL USE ONLY: Approved Denied Not Applicable

SEE PAGE 2 IF YOU WANT THIS INFORMATION RELEASED FOR THE PURPOSE OF HOOSIER HEALTHWISE.

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

X _____
Signature of Parent/Guardian _____ Date _____

For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

Part 7. RACE AND ETHNICITY: Optional - You are not required to answer this question. No child will be discriminated against because of race, color, sex, national origin, age, or disability.	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

INCOME CONVERSION to YEARLY:	WEEKLY INCOME X 52
EVERY 2 WEEKS X 26	TWICE A MONTH X 24
	MONTHLY INCOME X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income: \$ _____ per: _____	Weekly	Every 2 Weeks	Monthly
		Twice a Month	Yearly
OR Categorical Eligibility: Food Stamps TANF Migrant Homeless Runaway Foster			
Eligibility Determination: Approved Max. Waiver Approved Min. Waiver price Denied			
Reason for Denial: Income Too High Incomplete Application Other(Reason) _____			
Temporary: Free Reduced Time Period: _____ (expires after _____ days)			
Signature of Determining Official: _____ Date: _____			
Date Withdrawn: _____			

VERIFICATION

Confirmation Review Official: _____				
Date Verification Notice Sent: _____	Approval Based On: Food Stamps / TANF Case Number	Verification Results: No Change Free to Reduced Free to Paid Reduced to Free Reduced to Paid	Reason for Change: Income: _____ Household Size: _____ Change in Food Stamps /TANF Did not respond Other: _____	Date Notice of Change Sent: _____
Date Response Due from Households: _____	Household Size and Income			Date Change Made: _____
Date Second Notice Sent (or N/A): _____	Other _____			
Date Hearing Requested: _____		Verifying Official's Signature: _____		
Hearing Decision: _____		Date: _____		

