

2023-24 Residential Fee Structure

| 2023-24 Academic Year | Cost to Attend | Minimum Financial Aid Scholarship | Maximum Financial Aid Scholarship |
|---------------------------------------|-------------------------------|-----------------------------------|-----------------------------------|
| Room & Board Fee | \$2700 | \$2700 | \$2700 |
| Scholarship | \$0 | -\$1250 | -\$2012 |
| Total Yearly Fee | \$2700 yearly | \$1450 yearly | \$688 yearly |
| Billed ½ of Total Per Semester | or \$1350 per Semester | or \$725 per Semester | or \$344 per Semester |

Optional Fees

| Optional Fees | Cost |
|---|--|
| Yearbook | TBD if available |
| Graphing Calculator Rental | \$20 per semester |
| Laptop Rental Fee | \$50 per semester |
| Dual Credit (Earn High School and College Credit) | \$75 - \$250 (Price varies by class and is per course) |
| 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

- **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 financial aid scholarship, 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 for \$50 per semester (signed rental contract is required).
- **Graduation Fee**
 - \$50 Mandatory graduation fee (senior year only)

Withdrawal Reimbursement Policy for Room & Board

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

Financial Aid Information

APPLICATION DEADLINE IS OCTOBER 1, 2023

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

INCOME ELIGIBILITY GUIDELINES

www.doe.in.gov/food

July 1, 2023 – June 30, 2024

| Household Size | Qualify for Minimum Financial Aid Scholarship | | | | | Qualify for Maximum Financial Aid Scholarship | | | | |
|-----------------------------|---|---------|-----------------|-----------------|--------|---|---------|-----------------|-----------------|--------|
| | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1..... | 23,828 | 1,986 | 993 | 917 | 459 | 16,744 | 1,396 | 698 | 644 | 322 |
| 2..... | 32,227 | 2,686 | 1,343 | 1,240 | 620 | 22,646 | 1,888 | 944 | 871 | 436 |
| 3..... | 40,626 | 3,386 | 1,693 | 1,563 | 782 | 28,548 | 2,379 | 1,190 | 1,098 | 549 |
| 4..... | 49,025 | 4,086 | 2,043 | 1,886 | 943 | 34,450 | 2,871 | 1,436 | 1,325 | 663 |
| 5..... | 57,424 | 4,786 | 2,393 | 2,209 | 1,105 | 40,325 | 3,363 | 1,682 | 1,552 | 776 |
| 6..... | 65,823 | 5,486 | 2,743 | 2,532 | 1,266 | 46,254 | 3,855 | 1,928 | 1,779 | 890 |
| 7..... | 74,222 | 6,186 | 3,093 | 2,855 | 1,428 | 52,156 | 4,347 | 2,174 | 2,006 | 1,003 |
| 8..... | 82,621 | 6,886 | 3,443 | 3,178 | 1,589 | 58,058 | 4,839 | 2,420 | 2,233 | 1,117 |
| For each additional person: | +8,399 | +700 | +350 | +324 | +162 | +5,902 | +492 | +246 | +227 | +114 |

***SUBJECT TO CHANGE WITHOUT NOTICE**

Please send completed forms to:

Cary Witter
Ball State University
2000 W. University Ave
The Indiana Academy
Room 109
Muncie, IN 47306
carywitter@bsu.edu

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 2022 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.

ONLY FILL OUT THIS PAGE IF YOU RECEIVE Food Stamp or TANF benefits.

Prescribed by State Board of Accounts

School Form No. 521 / Revised 2011

Indiana Academy for Science, Mathematics & Humanities

9625

SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR FINANCIAL AID

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 home liaison/migrant coordinator] at [insert phone number]. Migrant Homeless Runaway

| Part 4. LIST ALL HOUSEHOLD MEMBERS | ALL OTHER HOUSEHOLD TYPES | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES | | | | | | | | | | | | | | | | | | | | | | | | |
| | Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | Check if NO income |
| Example: Jane Smith | \$ 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 _____
 Signature Of Adult Household Member

 *** - ** - _____
 Social Security Number

 No Social Security Number _____
 Home Telephone # / Work Telephone #

Printed Name of Adult Household Member

Date Signed

Home Address/Apt #

Zip Code