

2025-26 Residential Fee Structure

2025-26 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 or \$1350 per Semester	\$1450 or \$725 per Semester	\$688 or \$344 per Semester
Billed ½ of Total 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)	\$25 - \$350 (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	\$1371 - \$1717 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)
 - Calculator fee \$20 for the year
- **Graduation Fee**
 - \$50 Mandatory graduation fee (senior year only)

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

APPLICATION DEADLINE IS OCTOBER 1, 2025

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, 2024 – June 30, 2025

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

*Income limits are subject to change pending the release of the 2025 federal income guidelines. 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 2024 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.

Financial Aid Information

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																								
	<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	Check if NO income
<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