



SCHOOL YEAR 2017-2018

Self-Payers Scholarships - APPLICATION FORM

To be considered for Self payer's scholarships, parents must meet the criteria outlined below, complete this form and return it to the cashier's office for processing within 60 days of the date of the first invoice of each school year.

Definition of Self payer: A self-payer at Academia Cotopaxi is a parent who pays for all or some of the school fees from personal funds.

Documents required for verification:

1. Letter from employer (sample attached) for mother and father
2. If parent owns the company, provide the company by-laws (estatutos legales) for verification
3. Additional verification may be requested on a case by case basis

Important: Your signatures below signify that you accept the following:

- All information is accurate and complete
- You authorize Academia Cotopaxi to obtain any necessary information regarding employer benefits

Please mark the discounts requested:

Membership Fee
 Additional Sibling scholarships beginning with third child

Personal Information:

FATHER'S NAME: _____ EMPLOYER: _____

POSITION: _____ EMPLOYER' S PHONE: _____

Do you receive any kind of educational benefit for your children? Yes No

If yes, please describe the amount or conditions of the benefit _____

Father's Signature: _____ Date: _____

MOTHER'S NAME: _____ EMPLOYER: _____

POSITION: _____ EMPLOYER' S PHONE: _____

Do you receive any kind of educational benefit for your children? Yes No

If yes, please describe the amount or conditions of the benefit _____

Mother's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Date received: _____
 % or amount covered by Employer _____ % or amount covered by parent _____

Approved scholarship:
 Membership Fee _____% Siblings _____

Approval by: _____ Signature _____ Date _____

Sample letter

Company letterhead

Academia Cotopaxi
Quito Ecuador

Attn: Business Office

To Whom It May Concern,

I hereby certify that (name of employee) works as a full-time employee for (name of company). (name of employee) does/does not receive an educational benefit from (name of company). The educational benefit amounts to an annual financial benefit of: (\$ amount or percentage of tuition).

(Other information can be included as necessary by employer).

Sincerely,

(name and title of HR representative)
(contact information)
(company official seal)