

# Financial Assistance Packet

Dear Parent/Guardian

This packet is being sent to you because your son's application has been accepted by Teen Challenge and you have requested a financial assistance packet.

It is Teen Challenge's goal that no one will be turned away because of inability to pay full tuition. Our average cost per enrolled student is estimated to be about \$38,500. Through aggressive fundraising efforts and because of the generous contributions that we receive each month from various individuals, churches, and businesses, we have been able to lower the amount of tuition that we charge to \$20,000.

Even at the lowered rate, we realize that many families simply cannot afford this. In our efforts to ensure that no one is turned away because of an inability to pay full tuition, we have come up with different funding options/methods by which the tuition fee can be covered. The different options and their explanations are as follows:

## 1) Direct Payment

The first and most obvious option is the direct payment option. This is where all or part (see combination option) of the student's tuition is paid via check or credit card.

## 2) Deferred Payments

Parents/guardians are expected to pay in full upon admission. If a parent/guardian is unable to pay in full, they may take advantage of our Deferred Payment Plan which allows them to pay the tuition and entrance fee in nine installments with the Down Payment at the set amount below and the remaining eight installments divided out equally.

On Admission	\$ 3,500.00
2	\$ 2,125.00
3	\$ 2,125.00
4	\$ 2,125.00
5	\$ 2,125.00
6	\$ 2,125.00
7	\$ 2,125.00
8	\$ 2,125.00
9	\$ 2,125.00
	\$ 20,500.00

### 3) Financing

Families also have the option of funding all or part of their child's tuition through financing. Financing is available to Teen Challenge students and their families through Clark Behavioral Health Financing. It is recommended that those with lower credit scores obtain a co-borrower when applying for the loan.

You can fill out a loan application from Clark Behavioral Health Financing by going online to [www.clarkbhf.com](http://www.clarkbhf.com). Please note that filling the application out online is the fastest way to get your application processed. If you do not have internet access then a hard copy is attached to this document. Families who pay the full amount of tuition upon admission using loan funds shall be eligible for the full payment discount (\$2,000 savings) and entrance fee waiver (\$500 savings).

### 4) Scholarship Funding

In an effort to help families with the tuition costs of their child, the board of directors of Teen Challenge has created a Scholarship Fund.

#### Concept

Parents/Guardians partner with Teen Challenge in obtaining donations to the ministry. As a result of these additional donations, Teen Challenge is able to provide scholarships to their child thereby reducing the costs associated with their child's tuition. Some parents have had almost all of their son's tuition covered by soliciting donations to Teen Challenge's scholarship fund.

#### How does it work?

Parents/Guardians ask individuals, churches, and businesses to contribute to the ministry of Teen Challenge while their child is in the program. Those willing to contribute in this way are asked to fill out *Scholarship Donor Forms* (Contained in this packet). The forms are then returned to Teen Challenge where they will be kept on file. Teen Challenge uses these forms to determine how much additional funding will be coming in through scholarship donations. Subsequently, these forms are also used to estimate how much Teen Challenge can afford to offer a student in scholarships. See the table below for an example.

Scholarship donor	Amount of Donation
Uncle Jim	\$500
Grandma Smith	\$1000
First Community church	\$1200
Sylvia (Friend at Work)	\$300
Metro Builder Supply	\$1500
<b>Total Amount of Scholarships applied</b>	<b>\$4,500</b>

#### Monthly Scholarship Donors

Donors will sometimes make monthly commitments instead of giving one lump sum. In this case Teen Challenge will apply scholarship funds to your child's tuition one time each month.

**What happens if the monthly donors do not follow through on their commitments?**

Unfortunately, Teen Challenge cannot offer scholarships above the amount that they actually receive in scholarship donations. Parents/guardians will be required to make up the balance.

**What happens if more money is raised than was anticipated?**

In general, the amount of scholarships that Teen Challenge determines they can offer a child is based on the Scholarship Donor commitment forms they receive. Parents/Guardians may ask Teen Challenge to reassess how much the ministry can afford to offer in scholarships to their child whenever new scholarship donors are found and new commitment forms are submitted.

**Monthly Scholarship Commitments**

**Example**

Scholarship donor	Amount of Monthly commitment
Uncle Jim	\$50
Grandma Smith	\$100
First Community church	\$200
Sylvia (Friend at Work	\$25
Metro Builder Supply	\$150
<b>Total Amount of Monthly Scholarship Donor Commitments =</b>	<b>\$525</b>

If a large surplus of monthly donations have been raised as a result of the family’s fundraising efforts, the family may request that Teen Challenge reassess how much it can afford to scholarship their child. If a change is made in the set scholarship amount, it will be from that point forward.

**Who should I ask to become a Scholarship Donor?**

Some of our past students’ families obtained donations from the following:

- Friends
- Work Associates
- The company where they
- Friends at Church
- Relatives
- The child’s school
- Churches
- Businesses
- Doctor’s offices
- Etc.

**Making sure the contributions scholarship donors make are tax-deductible.**

It is important to remember that these scholarship donors are making donations to the Teen Challenge Scholarship Fund. They are not making tuition payments for your child. Donations to the Teen Challenge Scholarship fund are tax deductible. Tuition payments are not.

In order to insure that scholarship donors get full tax credit for their contributions, they should **NOT** place the child’s name on the memo line or anywhere on the check. This could be construed by the IRS as a tuition payment and might be a problem for the donor when submitting his/her tax return. Instead, donors are welcome to put the child’s name on a sticky note or on a separate piece of paper when making contributions to the scholarship fund.

### **5) Special Assistance**

You may apply to Teen Challenge for special financial assistance once all other avenues have been exhausted. A Special Assistance Application is provided in this packet. Once the Special Assistance Application is received, a determination will be made as to how much assistance can be offered.

Please note that parents/guardians must first apply for a loan through Clark Behavioral Health Financing before Special Assistance will be considered. They must also have found at least 3 scholarship donors who would be willing to contribute to Teen Challenge while their child is enrolled. Please use the Scholarship Donor Form contained in this packet.

The ability of Teen Challenge to offer Special Assistance is largely determined by the level of funding that Teen Challenge receives through other sources and agencies (i.e. donations to the ministry, grants, etc.). For this reason Teen Challenge cannot guarantee that such funding will be available for your child at the time application for admission is made.

### **6) Combination**

Funding is not limited to any one option. Tuition costs may be paid using a combination of the above listed options. For example, an individual could pay half the tuition by direct payment and then fund the remaining tuition costs through scholarships and/or financing. Please review all of the options carefully. If you have any questions regarding any of the above options please do not hesitate to call.

Sincerely,



Rev. Darren Reynolds, Executive Director  
Teen Challenge Ranch of NW Arkansas  
Phone: 479-848-3105  
Fax: 888-844-1669  
[mail@arkansasteenchallenge.org](mailto:mail@arkansasteenchallenge.org)

# AUTHORIZATION AGREEMENT

## For Deferred Payment Plan

I (we) hereby authorize **Teen Challenge Ranch of NW Arkansas**, hereinafter called COMPANY, to initiate credit/debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit/debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

### Option 1 – Bank Account\*

Please, automatically debit my credit/debit card each month.

\_\_\_\_\_  
(Bank or Financial Institution Name)

\_\_\_\_\_  
(Bank Address)

\_\_\_\_\_  
(Bank City/State)

\_\_\_\_\_  
(Bank Zip)

\_\_\_\_\_  
(Routing

\_\_\_\_\_  
Number) (Account Number)

\_\_\_\_\_  
(Routing

Type of Account (Check one):     Checking     Savings

***\*Please attach a voided check.***

### Option 2 - Credit or Debt Card

Please, automatically debit my credit/debit card each month.



\_\_\_\_\_  
Visa



\_\_\_\_\_  
MC



\_\_\_\_\_  
Disc



\_\_\_\_\_  
Amex

\_\_\_\_\_  
(Card Number)

\_\_\_\_\_  
(Expiration Date)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

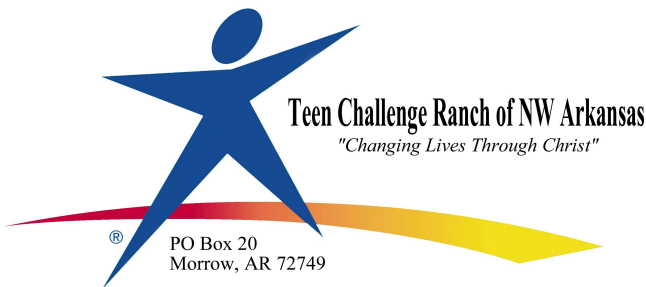
(Print Individual Name)

\_\_\_\_\_  
Parent/Guardian Printed Name

**X**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Scholarship Donor Form

Thank you for your willingness to donate to Teen Challenge Ranch of NW Arkansas. Teen Challenge depends upon donors to help cover the normal operating expenses for each student accepted into the program. These expenses are estimated to be 3500 per month (approximately \$117 per day) for each student enrolled. Your monthly donation to Teen Challenge will help to offset some of these expenses and will go a long way in changing a young man's life. After completing this form please return it to Teen Challenge Ranch of Northwest Arkansas at PO Box 20, Morrow, AR 72749.

Donor's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

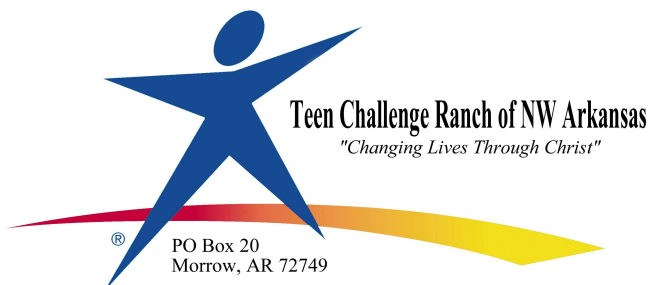
Teen Challenge Ranch of NW Arkansas is a faith-based, non-profit corporation. It offers its services to troubled teenage boys and their families and does not discriminate on the basis of race, color, or national origin. If you need more information about Teen Challenge or if you have any questions, please do not hesitate to contact us at 479-848-3105. Office hours are Monday-Friday from 8:30-4:30 Central Standard Time.

**Monthly Amount: \$** \_\_\_\_\_ **One Time Amount: \$** \_\_\_\_\_

### Choose Your Giving Option

<input type="checkbox"/> Please automatically debit my credit card.  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Visa</div> <div style="text-align: center;"> MC</div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="text-align: center;"> Disc</div> <div style="text-align: center;"> Amex</div> </div> _____ (Card Number)  _____ / _____ (Expiration Date)  _____ (Signature)	<input type="checkbox"/> *Please automatically debit my Bank Account.  _____ (Financial Institution Name)  _____ (Address)  _____ (City/State)                      _____ (Zip)  _____ - _____ (Routing Number)                      (Account Number)  Type of Acct: ____ Checking ____ Savings  _____ (Signature)  <p style="text-align: center;"><b>*Please attach a voided check for this option</b></p>	<input type="checkbox"/> I will be sending a check.  Please make your check* out to:  <p style="text-align: center;"><b>Teen Challenge</b> PO Box 20 Morrow, AR 72749</p> <p style="text-align: center;"><i>*In order to make sure that your contributions are tax deductible, please <b>do not</b> put any student's name anywhere on the check. Instead, you may attach a sticky note or letter with the name of the student whose family has contacted you and asked you to become a scholarship donor.</i></p>
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***Thank you for your willingness to help troubled and hurting teenage boys.***



<b>Office Use Only</b>
<input type="checkbox"/> Application is Complete <input type="checkbox"/> All required items present <input type="checkbox"/> Scholarship Donors Obtained <input type="checkbox"/> The application is signed <input type="checkbox"/> Approved: Yes or No
Reviewed by: _____

## Special Assistance Application

All sections must be filled in to be considered for Special Assistance. Add pages as necessary. Divorced or separated parents/guardians should use separate copies of this form when applying for Special Assistance.

Student: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Monthly Household Income			
Parent/Guardian 1		Parent/Guardian 2 or Spouse	
Income source <i>(Employer Name, Rental, Social Security, Alimony Child Support, etc.)</i>	Monthly Gross Income	Income source <i>(Employer Name, Rental, Social Security, Alimony Child Support, etc.)</i>	Monthly Gross Income
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Other:	\$	Other	\$
Other:	\$	Other	\$
Other:	\$	Other	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Be sure to include any income that you receive from alimony, child support, social security, disability, SSI, etc. If your income fluctuates, please provide the average monthly amount.

Assets						
Asset	Amount Owed	Value	Vehicle	Model/Year	Amount Owed	Value
Home	\$	\$	Automobile		\$	
Other Real Estate	\$	\$	Automobile		\$	
Retirement Funds	\$	\$	Automobile		\$	
Investments	\$	\$	Motorcycle		\$	
Checking Balance	\$	\$	Boat		\$	
Savings Balance	\$	\$	Motor Home		\$	
Other:	\$	\$	Other:		\$	
Other:	\$	\$	Other:		\$	
Other:	\$	\$	Other:		\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>		<b>\$</b>	<b>\$</b>

Monthly Expenses		
Monthly Expense	Parent/Guardian 1	Parent/Guardian 2 or Spouse
Home Loans, Monthly Rent	\$	\$
Auto Loans	\$	\$
Auto Insurance and other auto expenses	\$	\$
Credit Cards and Installment loans	\$	\$
Health Insurance	\$	\$
Medical Expenses	\$	\$
Child Care, Child support and Alimony	\$	\$
Food	\$	\$
Miscellaneous Spending Money	\$	\$
Utilities	\$	\$
Communications (Phone, Cell Phone, Internet)	\$	\$
Other	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>





# Financial Assistance Worksheet

Student's Name: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

<b>Estimated Cost for Teen Challenge to care for your son:</b>	<b>\$38,500</b>
<b>Amount Teen Challenge will work to raise for your child:</b>	<b>\$18,000</b>
<b>Teen Challenge Tuition and Entrance Fee:</b>	<b>\$20,500</b>
<b>1) Direct Payment</b>	
I will personally be contributing the following amount each month toward my child's care.	
<b>Total amount of Direct Payment:</b>	<b>\$3,000</b>
<b>2) Deferred Payment</b>	
I will be paying \$_____ per month. Amount x _____ payments =	
<b>Total amount of Deferred Payments:</b>	<b>\$0</b>
<b>3) Financing</b>	
The amount of tuition that I will be financing through Clark Behavioral Health Financing or other source(s).	
<b>Total Financing Obtained:</b>	<b>\$10,500</b>
<b>4) Scholarship Funding:</b>	
The following scholarship donors have committed to contribute to the Teen Challenge scholarship Fund while my child is enrolled at Teen Challenge.	
<b>Scholarship Donor</b>	<b>Amount of Donation</b>
Uncle Jim	\$500
Grandma Smith	\$1000
First Community Church	\$1200
Sylvia (Friend at Work)	\$300
Metro Builder Supply	\$1500
<b>Total of monthly donation raised</b>	<b>\$4,500</b>
<b>Estimated amount that Teen Challenge will be provided in scholarship funds:</b>	<b>\$4,500</b>
<b>5) Special Assistance</b> (Special Assistance Application Required):	
I have exhausted all other options for payment and am asking Teen Challenge to raise the additional following amount each month toward my child's tuition:	
<b>Total amount of Special Assistance:</b>	<b>\$0</b>
<b>6) Full Payment Discount</b> (if applicable)	
Full Payment discounts are only available if tuition is paid in full upon admission	
<b>Total amount of Full Payment Discount:</b>	<b>\$2,500</b>
<b>Remaining Tuition Balance</b> (Subtract items 1-6 from \$20,500):	<b>\$0.00</b>
	Amount Should be equal to \$0.00

# Financial Assistance Worksheet

Student's Name: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

<b>Estimated Cost for Teen Challenge to care for your son:</b>	<b>\$38,500</b>
<b>Amount Teen Challenge will work to raise for your child:</b>	<b>\$18,000</b>
<b>Teen Challenge Tuition and Entrance Fee:</b>	<b>\$20,500</b>
<b>1) Direct Payment</b>	
I will personally be contributing the following amount each month toward my child's care.	
<b>Total amount of Direct Payment:</b>	
<b>2) Deferred Payment</b>	
I will be paying \$_____ per month. Amount x _____ payments =	
<b>Total amount of Deferred Payments:</b>	
<b>3) Financing</b>	
The amount of tuition that I will be financing through Clark Behavioral Health Financing or other source(s):	
<b>Total Financing Obtained :</b>	
<b>4) Scholarship Funding:</b>	
The following scholarship donors have committed to contribute to the Teen Challenge scholarship Fund while my child is enrolled at Teen Challenge.	
<b>Scholarship Donor</b>	<b>Amount of Donation</b>
<b>Estimated amount that Teen Challenge will be provided in scholarship funds:</b>	
<b>5) Special Assistance</b> (Special Assistance Application Required):	
I have exhausted all other options for payment and am asking Teen Challenge to raise the additional following amount each month toward my child's tuition:	
<b>Total amount of Special Assistance:</b>	
<b>6) Full Payment Discount</b> (if applicable)	
Full Payment discounts are only available if tuition is paid in full upon admission	
<b>Total amount of Full Payment Discount:</b>	
<b>Remaining Tuition Balance</b> (Subtract items 1-6 from \$20,500):	<b>\$</b> Amount Should be equal to \$0.00