

Full Day Kindergarten Financial Assistance Application

Application for (school year): _____

Date of Request: _____

Basic Information

Please give a brief description of why you are seeking financial assistance:

Student name:

Applicant name:

Application's relationship to student:

Father Mother Step-parent Legal Guardian Other _____

Home Life Information

Student lives with:

Both Parents *in same* household Both parents *in different* households Mother only
 Father only Legal guardian(s) Other _____

Parent/Guardian 1

Name:

Relationship to student:

Father Mother Step-parent Legal Guardian Other_____

Phone:

Email address:

Currently employed:

Full-Time Part-Time Not Employed

Parent/Guardian 2

Name:

Relationship to student:

Father Mother Step-parent Legal Guardian Other_____

Phone:

Email address:

Currently employed:

Full-Time Part-Time Not Employed

Other Household Dependents

Name	Age	Monthly Tuition/Child Care Costs

Household Financial Information

Total Household Earnings from Work

(before taxes): \$ _____ How often? _____

Income from Welfare / Child Support

Alimony: \$ _____ How often? _____

Income from Pensions / Retirements /

Social Security: \$ _____ How often? _____

All other income: \$ _____ How often? _____

"Other income" includes, but is not limited to: disability benefits, cash withdrawn from savings, interest dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties, annuities, net rental income, any other income.

Please be prepared to show income documentation, such as: two most recent pay stubs, Federal 1040 Tax Form, child support agreement, statements regarding unemployment, disability, social security, public assistance, student loans, etc.

Unusual Expenses (Extreme medical bills, special circumstances, etc.)

Be prepared to provide appropriate documentation.

Expense: _____ \$ _____ How often? _____

Expense: _____ \$ _____ How often? _____

Expense: _____ \$ _____ How often? _____

Does your family/anyone in your household currently receive Food Stamps? No Yes

If yes, provide the name of person receiving benefit _____
 their relationship to the kindergarten student in question _____
 and the amount per month received \$ _____

Does your family/anyone in your household currently receive TAFI? No Yes

Does your family/anyone in your household currently receive FDPIR ? No Yes

Based on the chart below does/will your family/household qualify for Free or Reduced School Meals?

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2000 to June 30, 2001											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	12,180	23,608	1,968	564	508	454	16,588	1,383	802	638	519
2	17,240	31,804	2,658	1,320	1,227	814	22,412	1,868	954	850	431
3	21,720	40,182	3,340	1,675	1,548	773	28,236	2,353	1,177	1,086	549
4	26,200	48,470	4,040	2,020	1,885	593	34,060	2,839	1,420	1,310	656
5	30,680	56,758	4,730	2,365	2,163	1,092	39,884	3,324	1,662	1,534	787
6	35,160	65,046	5,421	2,711	2,502	1,261	45,708	3,809	1,905	1,758	879
7	39,640	73,334	6,112	3,056	2,821	1,411	51,532	4,295	2,148	1,982	991
8	44,120	81,622	6,802	3,401	3,140	1,570	57,356	4,780	2,390	2,206	1,103
For each add'l family member, add	4,480	8,268	691	345	318	160	5,824	486	243	224	112

Based on the chart, we qualify for: Free Reduced Neither

This area for Administrative Use

Date of Meeting with Administrator: _____

People in Attendance: _____

Meeting Notes:

Agreed upon monthly kindergarten amount to be paid by parent(s)/guardian(s):

\$ _____

Agreed upon commitment deposit amount to be paid by parent(s)/guardian(s): \$ _____

Pay by date: _____

Other Agreements: _____

Administrator's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____