



**2020-2021**

## **Financial Assistance Application Guidelines**

**\*\*\*Incomplete applications will be denied\*\*\***

Please ensure you have filled out the application completely.

A limited amount of financial assistance is available. Extended Learning does not guarantee that all applicants will receive assistance. **Once all funds have been dispersed for the year, no additional assistance will be available.**

### **Overview**

Fort Bend ISD Extended Learning attempts to assist as many families as possible with its financial assistance budget and to make sure the aid goes to families that demonstrate the most need. The budget is limited and is distributed on a first come, first served basis. The Fort Bend ISD Extended Learning Department is self-supporting. Its only source of income is the tuition and fees it collects. For this reason, the financial assistance budget must be strictly monitored each year and is limited.

### **Foster Children**

Foster parents may submit documentation of placement from the state in lieu of personal financial documentation. Foster parents will qualify for a reduced rate regardless of status. Registration fee for foster children may be transferable if child is withdrawn from program and another foster child enrolls in the program within the same school year.

### **Deadlines**

Complete applications and accompanying documentation must be received by the deadlines below:

<b>Application Deadline</b>	<b>Decision Mailed</b>	<b>Start Date</b>
July 31, 2020	August 10, 2020	August 17, 2020
September 1, 2020	September 16, 2020	October 1, 2020
October 14, 2020	November 16, 2020	December 1, 2020
December 11, 2020	January 11, 2021	February 1, 2021
January 25, 2021	February 19, 2021	March 1, 2021
February 25, 2021	March 18, 2021	April 1, 2021

### **Decisions**

Applicants will be notified of assistance decisions via mail according to the chart above. Due to the confidentiality of the information, this information is not given over the phone.

### **Appeals**

There are no appeals; however, a second application will be accepted if documentation was missing or if circumstances have changed. The level of assistance granted may differ from previous years. Neither appeals nor second applications will be accepted in order to change the amount of assistance. If there was a change in circumstances from the first application, a second application will be accepted. No appeals will be heard by phone. No phone calls please.

## **Split Payments**

Anyone who does not receive financial assistance but feels that he or she will have a problem making the regular payments on schedule should consider the split payment option. Families on split payments will pay \$127 on the 1<sup>st</sup> of each month and \$127 on the 15<sup>th</sup> of each month, or the first business day thereafter. The cost of this payment plan is \$4/month above the monthly fee in order to cover the costs associated with double deposits. A completed Split Tuition Agreement must be sent to the Extended Learning Main Office in order to enroll. The agreement is located on our website or is available at any of our site locations. It is important to pay tuition on time to avoid withdrawing children from the program due to payment issues. **Split pay is only** available for parents who pay the full afterschool tuition.

## **Application Instructions**

1. Assistance applications will only be considered if each of the following is met:
  - ☐ **Filled out completely and legibly (please print); incomplete applications will be denied.**
  - ☐ **Emailed to [extendeddaybilling@fortbendisd.com](mailto:extendeddaybilling@fortbendisd.com), mailed or delivered to Extended Learning -1555 Independence Blvd., Missouri City, TX 77489**
  - ☐ Received by the deadline; AND
  - ☐ Accompanied by the following documentation:

**If a parent or relative is available at home during our hours of operation, the application will be denied for aid.**

- ☐ Two most current, consecutive payroll check copies OR a salary verification letter on employer letter head, signed by an authorized party (from both parents, if applicable) for all working adults in the household. Payroll information must be dated no more than two weeks prior to application date.
- ☐ Documentation showing amount received for any of the following: welfare payments, child support, alimony, unemployment, pension, retirement, food stamps, and social security (i.e. bank statement, SSI letter, etc.)
- ☐ Copy of properly filed I.R.S. 1040 or 1040A U.S. Individual Income Tax Return from the most recent tax year filed.
- ☐ If parent is a full-time student or in a job training program, a current schedule from school or program must be attached showing the course hours. Online courses do not qualify.

Information will be reviewed periodically. Change in status, especially relating to lunch and parent/household information could result in a request for documentation and/or a cancelation of the award for financial assistance. Inform the Extended Day Main Office and the school registrar of any changes to limit disruption of assistance.

2. **Application packages which do not include all required supporting materials will be denied without appeal.** Applicants are welcome to submit a new application package before the next application deadline.
3. **Application packages which do not include any income information will be denied without appeal.** All sources of household income, including child support, welfare payments, unemployment, pension should be reported.
4. Information on application will be verified and must match school records.
5. Application materials may be mailed to 1555 Independence Blvd., Missouri City, TX 77489 or emailed to [ExtendedDayBilling@fortbendisd.com](mailto:ExtendedDayBilling@fortbendisd.com). Emails will be returned within two business days. Verification is not available by phone.



## 2020-2021 Financial Assistance Application

This application must be filled in completely and accompanied by the required supporting documentation.  
Indicate "Not Applicable" with "N/A"

Campus:

Date:

### Part 1 - Children in School

List all of your children in school. Place a ✓ in front of the name(s) of the child/ren for whom you are requesting aid.

✓	Students' First and Last Names	Grade	Age	Student ID Number
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

### Part 2 - Household Members and Gross Income from Last Month

#### PART 2 – HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List <i>everyone</i> in household (adults & children)	Income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly				
First and Last Names	Employer and Occupation	Earnings from work Before Deductions (Gross Income)	Welfare Payments, Child Support, Alimony	Unemployment, Pension, Retirement, Social Security	Check if No Income
1.		\$	\$	\$	<input type="checkbox"/>
		How Often? (circle)	How Often? (circle)	How Often? (circle)	
		W E T M	W E T M	W E T M	
2.		\$	\$	\$	<input type="checkbox"/>
		How Often? (circle)	How Often? (circle)	How Often? (circle)	
		W E T M	W E T M	W E T M	
3.		\$	\$	\$	<input type="checkbox"/>
		How Often? (circle)	How Often? (circle)	How Often? (circle)	
		W E T M	W E T M	W E T M	
4.		\$	\$	\$	<input type="checkbox"/>
		How Often? (circle)	How Often? (circle)	How Often? (circle)	
		W E T M	W E T M	W E T M	
5.		\$	\$	\$	<input type="checkbox"/>
		How Often? (circle)	How Often? (circle)	How Often? (circle)	
		W E T M	W E T M	W E T M	
6.		\$	\$	\$	<input type="checkbox"/>
		How Often? (circle)	How Often? (circle)	How Often? (circle)	
		W E T M	W E T M	W E T M	

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### Part 3 - Other Considerations

Does your child qualify for either of the following:      Reduced Lunch      Free Lunch

Marital Status:    Married    Re-married    Separated    Divorced    Single    Widowed

Is an adult at home during the hours of 3:25-6:30 p.m.?    Yes      No

Did you have a child enrolled in Extended Learning during the 2019-20 school year?      Yes    No

If yes, did your child(ren) receive financial assistance for the 2019-20 school year?      Yes    No

If yes, what was the amount of your monthly tuition    \_\_\_\_\_

**Did you claim all listed children as dependents on your tax return?    Yes    No    If not, explain:**

Mother's Name (Legal Guardian):					
Email:					
Primary Phone:	Circle One:	Home Cell Work	Secondary Phone:	Circle One:	Home Cell Work

Father's Name (Legal Guardian):					
Email:					
Primary Phone:	Circle One:	Home Cell Work	Secondary Phone:	Circle One:	Home Cell Work

Home Address:	Apt:
City:	Zip:
Email Address:	

Please list any other relevant information in the space below:

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Read and check each box below to demonstrate your agreement to terms listed:

### Terms of financial assistance awards

- ☐ Acceptance
  - Applicants must return the signed agreement to the Extended Learning Main Office and enroll in the program within 10 business days from the date issued or the financial assistance will be forfeited.
- ☐ Effective Dates
  - Awards will be effective through the last days of the school year in which they are granted. Families must reapply each year.
  - **Awards are terminated if the student is withdrawn from an Extended Learning program.** Applicants are welcome to submit a new application package before the next deadline, but assistance is not guaranteed.
- ☐ Enrollment
  - Award recipients are still subject to applicable waiting lists. A reduced tuition does not constitute entry into Extended Learning. Applications for schools with waiting lists may not be processed until name comes up on the list.
- ☐ Other fees
  - All other program fees are still applicable to financial assistance recipients, including registration, late pickup, and late payment.
- ☐ Eligibility will be re-evaluated at least annually, prior to the start of the school year, or more frequently if family circumstances change.
- ☐ **Accounts must be kept current. Failure to pay your adjusted tuition in full each month will result in forfeiture of your financial assistance and termination from the program.**
- ☐ I understand I may be required to submit documentation confirming statements on this application in order to keep my award.

Initial each statement below:

\_\_\_ I certify that the information on this application is true and complete to the best of my knowledge.

\_\_\_ I agree to inform Fort Bend ISD Extended Learning immediately of any change to my income or family size.

\_\_\_ I understand that any false information or failure to report changes could jeopardize my financial assistance.

\_\_\_ I understand this application may be declined if it is incomplete, unaccompanied by required supporting documents, or submitted late.

\_\_\_ I understand that financial assistance award information is not given out by phone.

\_\_\_ I have read and understood the financial aid guidelines and agree to adhere to them.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Relationship \_\_\_\_\_

(Applications are only accepted if signed by the parent or legal guardian on record at school.)