

AFTERSCHOOL PROGRAM REDUCED RATE APPLICATION FOR THE 2023-2024 SCHOOL YEAR

REDUCED RATES GUIDELINES:

1. All parents must apply for the ABC voucher program before applying for a reduced rate scholarship with the Office of Expanded Learning. Please inquire with your child's school site coordinator for additional details.
2. Reduced rates are only granted to students who attend on a full time basis.
3. Reduced rates are granted for this school year only, and may be either for the full or partial amount of the weekly fee.
4. Reduced rates can be revoked from students / parents if they do not abide by the rules and policies established by the afterschool program.

Name of afterschool program: _____
Name of child to receive reduced rate: _____

1. Tell us who you are and where you live:

Last Name	First Name	Middle Initial	Primary Phone Number
Mailing Address	City	State	Zip Code
Your Birth Date	Your Sex	Your Race	
Primary Email address:		Alt. Email Address:	
Your Family Composition (Check One) <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Guardian		Your Educational Level (Check One) <input type="checkbox"/> Less Than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Post Graduate	

2. Tell us who lives in your house. (List your name on the first line.):

Last Name	First Name	Middle Initial	Sex	Race	Date of Birth	How is this person related to you?

3. Tell us how much income your family has:

- Fill in the amount of money you make. Enter GROSS pay, not take home.
- If you are married you must also fill in the amount your spouse makes.
- If you are not married, but living with your child(ren)'s other parent, you must provide the information of the other parent
- Enter zero (0) if your spouse has no earned income.

Your work information		Spouse or other parent work information	
How much do you earn? \$	How often are you paid? (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	How much do you earn? \$	How often are you paid? (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
How many hours do you work each week?		How many hours do you work each week?	
Name of Employer:		Name of Employer:	
Street Address of Employer:		Street Address of Employer:	
City, State Zip Code:		City, State Zip Code:	
Name of contact person at work:		Name of contact person at work:	
Contact person's phone number:		Contact person's phone number:	

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4. Tell us if you have any other income:

List any additional income you or your family members living with you may have from other sources listed below, and tell us how often you get this income (for example, once each week, every 2 months once a year, etc). If you have no additional income, please indicate "none".

Income Source	Amount	How Often	Who Gets money?
Family Independence Stipend	\$		
Alimony	\$		
Child Support	\$		
Social Security	\$		
Unemployment	\$		
Disability Income	\$		
Workman's Comp.	\$		
Veterans Pension	\$		
Other	\$		
Total Income from all Sources	\$		

5. Attach proof of your income and your spouse's or child's second parent income. Submit most recent tax return or W2 from previous years:

If you are not working because of a disability, please submit an award letter.

I certify that all the information provided is true and current. I understand that program officials may verify the information and that deliberate misrepresentation will automatically result in denial of this application. I further understand that upon approval for this program I may be assessed a fee and be responsible for partial payment of fees to the program (if not awarded a full scholarship). If payment of any assessed fees is not made on time, I understand that this scholarship will be revoked.

Signature of Parent: _____ Date: _____

To be completed by Kaleidoscope staff:

Category of Rate (Notes):	Category of Rate: (please check) ____ Regular Rate ____ Level 2 ____ Level 3	Start Date:	Comments:

Site Coordinator's Signature: _____ Date: _____

Area Program Officer: _____ Date: _____