



Summit Preschool Sliding Fee/ Scholarship Request

Please Check: New Student Returning Student

I. Student Name:	Date of Birth:	IEP <input type="checkbox"/>	Peer <input type="checkbox"/>
Parent Name:	School District:	Today's Date:	

Please attach a copy of verification of your monthly or yearly income (i.e. pay stub or 2016 tax return).

II. Circle the number of family members in the first column

III. Indicate your combined family income level (before deductions) and complete the entire form below. Circle or check mark the income across from the number of family members in your household

IV. For family units with more than 8 members, add \$4,180 for each additional member.

# Family Members	If Income Falls below Level #3 put a check mark in this column	Maximum Income Level #3	If Your Income falls Between Level # 3 and Level #2 put a check mark in the column	Maximum Income Level #2	If Your Income falls Between Level # 2 and Level #1 put a check mark in the column	Maximum Income Level #1	If Income Falls above Level #1 Put a Check Mark in this column
1		\$ 12,060		\$18,090		\$24,120	
2		\$ 16,240		\$24,360		\$32,,480	
3		\$ 20,420		\$30, 630		\$ 40,840	
4		\$ 24,600		\$ 36,900		\$ 49,200	
5		\$ 28,780		\$ 43,170		\$ 57,560	
6		\$ 32,960		\$ 49,440		\$ 65,920	
7		\$ 37,140		\$ 55,710		\$ 74,280	
8		\$ 41,320		\$ 61,980		\$ 82,640	

Signature of Parent

V. If your income level falls into or below the above levels, please complete the information below.

1. Print STUDENT INFORMATION and List Each Child's FOOD STAMP or AFDC Case Number, if any.

Student Name:	Name of School:	Grade	Food stamp Number:	AFDC Number:

- 2. FOSTER CHILD:** List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____
- 3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** IF you gave a food stamp or AFDC case number for each child, skip to PART 4.

MONTHLY INCOME CONVERSION: (WEEKLY x 4.33) (EVERY 2 WEEKS x 2.15) (TWICE A MONTH x 2)

Names of Household Members	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

4. SIGNATURE: I certify that all of the above information is true and correct and that all income is being given for the receipt of Federal funds, that school officials may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal Laws.

Signature of Adult Household Member