



Request for Kindergarten Extended Day Program Financial Assistance

Rolling Hills is pleased to provide full-day kindergarten for our school families. We firmly believe that the full day program gives us the opportunity to sling shot our kindergarten students to greater success in school. Because the State of Idaho currently only funds a ½ day of public kindergarten, the additional costs associated with the extended day program must be met by program participants through the monthly program fee of \$275.00 (Sept. 2018-May 2019).

We understand that our school families come from a wide range of economic backgrounds. The school encourages families to apply for financial assistance if they have concerns about their ability to afford the full monthly program fee. While each participating family is expected to contribute to the cost of tuition and support the program to the extent the individual family circumstances permits, financial assistance is intended to help bridge the financial gap. A determination regarding the availability and level of assistance will be determined based on the information provided in the following application, supporting documentation, and a discussion of your family circumstances during a personal meeting with the School Administrator.

I/We, _____, wish to be considered for program fee assistance
Name of person/people applying for assistance

in the amount of \$_____ per month for the 2018-2019 RHPCS Kindergarten Enrollment of

Kindergarten Student Name

Briefly explain your family's need for assistance: _____

General Information

Applicant(s): _____ Best Ph#(s): _____

Best Email(s): _____

Kindergarten Student: _____ Relation to Student _____

Student lives with: Both Parents in same household Both parents in different households Mother Father

Legal Guardian(s) Other (specify) _____

Provide the following information about all adults and dependents living in student's household:

	Name	Age	Gender	Relationship to Student	Name of School or Employer
1					
2					
3					
4					
5					
6					
7					
8					
9					

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Other income should include, but is not limited to: disability benefits, cash withdrawn from savings, interest dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties,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: 2 most recent pay stubs, 2017 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 _____ Case # _____

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?

National School Free & Reduced School Meals						
Income Eligibility Guidelines - Effective 7/1/2017 - 6/30/2018						
FREE				REDUCED		
Gross Annual Income \$	Gross Monthly Income \$	Gross Weekly Income \$	Household Size	Gross Annual Income \$	Gross Monthly Income \$	Gross Weekly Income \$
15,678	1,307	302	1	22,311	1,860	430
21,112	1,760	406	2	30,044	2,504	578
26,546	2,213	511	3	37,777	3,149	727
31,980	2,665	615	4	45,510	3,793	876
37,414	3,118	720	5	53,243	4,437	1,024
42,848	3,571	824	6	60,976	5,082	1,173
48,282	4,024	929	7	68,709	5,726	1,322
53,716	4,477	1,033	8	76,442	6,371	1,471
5,434	453	105	For each add'l family member add:	7,733	645	149

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

** If you have received a letter this school year notifying you that your child or older sibling in same household is approved for free meals, please include a copy of the letter with this program assistance application.

Note: If, based on the chart above, your income may qualify you for free or reduced school meals, we strongly encourage you to complete the formal application through the RHPCS Child Nutrition Program (available in August).

At Rolling Hills Charter, we recognize that there are a wide variety of non-financial ways to contribute to our school community by utilizing your time, skills, talents, abilities, passions, and connections to benefit the kindergarten program, our students and staff, classrooms, facilities, and school community.

Please share with us some information about yourself/yourselves and ideas you have about how you may be able to contribute to the school.

Applicant #1

Name _____ Employer _____

Occupation _____ If self-employed, please describe the nature of your business _____

Job/Professional Skills: _____

Through my work or other connections, I have access to the following free or discounted resources: _____

Personal Skills & Talents: _____

Hobbies/Interests/Passions: _____

Ways I think I can help or contribute to the school: _____

I would be willing/able to commit ____ volunteer hours per month to Rolling Hills Charter School.

Applicant #2

Name _____ Employer _____

Occupation _____ If self-employed, please describe the nature of your business _____

Job/Professional Skills: _____

Through my work or other connections, I have access to the following free or discounted resources: _____

Personal Skills & Talents: _____

Hobbies/Interests/Passions: _____

Ways I think I can help or contribute to the school: _____

I would be willing/able to commit ____ volunteer hours per month to Rolling Hills Charter School.

What else might be important for us to know as we consider your application for kindergarten program fee assistance?

Please attach with this application copies of required documentation and/or other information that will be helpful in our decision making process.

I/We certify that the above information and the supporting document are correct and complete to the best of my knowledge. I understand that Rolling Hills reserves the right to periodically review with me/us our family's current need for tuition assistance. I agree to inform Rolling Hills of any changes in my income, family size, or other contributing factors to my assistance determination.

Parent/Guardian Applicant #1 Signature Date Parent/Guardian Applicant #2 Signature Date

This area for Administrative Use:

Date of Meeting with Administrator: _____

People in Attendance: _____

Meeting Notes: _____

Agreed upon Monthly Extended Day Program Fee 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:* _____