



## 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?

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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

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***This area for Administrative Use:***

*Date of Meeting with Administrator:* \_\_\_\_\_

*People in Attendance:* \_\_\_\_\_

*Meeting Notes:* \_\_\_\_\_

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*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:* \_\_\_\_\_