**FEE WAIVER APPLICATION (Grades 7-12)**



* **Please read the School Fees Notice (Grades 7-12) before completing this Application!**
* **If a school receives verification that a student is eligible for fee waiver, all fees must be waived for that student.**
* **All information on this application will be kept confidential.**

**STUDENT INFORMATION:**

|  |
| --- |
| Name of Student: |
| Student # |
| Address: |
| School Name: Academy for Math Engineering & Science |
| Grade Level:  |
| Name of Parent or guardian:  |
| Phone number:  |

**BASIS FOR FEE WAIVER:**

|  |  |
| --- | --- |
| **Please check the eligibility that applies: (Only 1 is needed)\*** | **Verification to submit:** |
| [ ]  | 1. Family receives TANF/FEP (Temporary Assistance for Needy Families or Family Employment Program} (financial assistance or food stamps}
 | Benefit verification, from the Utah Department of Workforce Services, for the period for which the fee waiver is sought. May be in the form of an electronic screenshot of eligibility determination orStatus. |
| [ ]  | 1. Student receives Supplemental Security Income (551, QUALIFIED CHILD WITH DISABILITIES)
 | Benefit verification documents from the Social Security Administration. |
| [ ]  | 1. Student is in Foster Care (under Utah or local governmental supervision}
 | The youth in care required intake form and school enrollment letter, provided by a caseworker from the Utah Division of Child and Family Services or the Utah Juvenile Justice Department. |
| [ ]  | 1. Student is in State Custody
 |
| [ ]  | 1. Student is eligible based on family/household income verification
 | Family income verification in the form of income statements, pay stubs, or tax returns. (See page 2.) |

 **\*Please note: The school will require you to provide verification of eligibility. Please attach your verification documentation to this form when you give this application to your school. You can also email documents to Nancy Carpenter at** **ncarpenter@ames-slc.org**

If none of the above apply but *you* wish to apply for fee waivers because of other extenuating circumstances, please state the reason(s) for the request:

|  |
| --- |
|  |

**(Please attach an additional page if needed)**

Please give this application to the Principal/School Director or School Fee Administrator when it is complete. All fee payments will be suspended until the school has decided if your student is eligible for fee waivers. You will then be given notice of the decision. If your student is eligible for a waiver, the school cannot require you to complete service, agree to an installment payment plan, or sign an IOU in place of a waiver.

I HEREBY CERTIFYTHATTHE INFORMATION AND ATTACHED DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

|  |  |
| --- | --- |
| **PARENT’S OR GUARDIAN’S SIGNATURE:**  | **DATE:**  |

# Complete this page ONLY if option#5 was selected under the Basis for Fee Waiver section.

**INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS:** (Required for students who do not qualify based on a special category.) Household income is determined by adding all household income from all sources and then comparing it to the number of people in the household. A household is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit. This means they generally reside in the same house and share expenses such as rent, utilities and food.

**List all income before deductions in the appropriate column(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:**Last First Middle Initial | **Monthly Income, choose one:**Choose an item. | **Monthly Income, choose one:**Choose an item. | **Total Per Person:****Total Monthly Income** |
|  | $ | $. | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $. | $ | $ |

**EXAMPLES OF INCOME:**

|  |  |  |  |
| --- | --- | --- | --- |
| Earnings from Work | Pension/Retirement, Social Security | Welfare, Alimony; ChildSupport | Other Income |
| Wages, salaries and tips, strike benefits, unemployment comp., **workers' comp, net** income from self-owned **business or farm** | **Pensions, supplement, security income, retirement payments**, Social Security Income (including551 a child receives) | \*TANF payments\*, welfare payments,alimony, and child support**payments** | Disability benefits; cash withdrawn from **savings; interest & dividends; income from estates, trusts, and investments,** regular contributions from persons not living in the household; net royalties **and annuities; net rental income; any other income** |

 **\***Receipt of TANF assistance automatically qualifies one for fee waiver eligibility. No further proof of income is needed. Please review Basis for Fee Waiver section and submit application under TANF eligibility.

**INCOME ELIGIBILITY GUIDELINES for School Year: July 1, 2020 – June 30, 2021**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household Size | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1 | 16,588 | 1,383 | 692 | 638 | 319 |
| 2 | 22,412 | 1,868 | 934 | 862 | 431 |
| 3 | 28,236 | 2,353 | 1,177 | 1,086 | 543 |
| 4 | 34,060 | 2,839 | 1,420 | 1,310 | 655 |
| 5 | 39,884 | 3,324 | 1,662 | 1,534 | 767 |
| 6 | 45,708 | 3,809 | 1,905 | 1,758 | 879 |
| 7 | 51,532 | 4,295 | 2,148 | 1,982 | 991 |
| 8 | 57,356 | 4,780 | 2,390 | 2,206 | 1,103 |
| For each additional family member, add: | 5,824 | 486 | 243 | 224 | 112 |