

Durham Public Schools Community Education and Family Engagement

2020-21 Financial Assistance Application

Elementary Before & Afterschool Programs

Complete the top section and one of the following options to receive a 15% discount on B/ASC tuition.

- Option 1.** Contact Durham Public Schools Child Nutrition Services at 560-2370 for a letter indicating your child receives free/reduced lunch and attach it to this application. We will accept last year's letter thru Oct.15
- Option 2.** Complete Option 2 below and include a copy of your 2019 state or federal tax return.

Our programs are licensed with the North Carolina Division of Child Development and therefore qualify for Department of Social Services (DSS) vouchers. Please check with a case worker to see if you are eligible for DSS assistance. For more information about DSS vouchers, contact the Durham's Alliance for Child Care Access (DACCA) at 560-8300.

All information will be kept confidential.

Date: _____	School Student Attends: _____
Student Name: _____	
Parent Name(s): _____	
Mailing Address: _____	
Home Phone: _____	Alternate Phone: _____
Option 1 <input type="checkbox"/> Attached is my child's free/reduced lunch letter <input type="checkbox"/> Attached is my child's registration form	

Option 2 Income Eligibility Limits (you are eligible if you make less than the amount indicated)						
* Based on 2019 Federal Poverty Guidelines (200%)						
Family Size	2	3	4	5	6	7
Total Family Income	Less than \$33,820/ yr.	Less than \$42,660/ yr.	Less than \$51,500/ yr.	Less than \$60,340/ yr.	Less than \$69,180/ yr.	Less than \$78,020/ yr.
	\$ 2,818/ mo.	\$ 3,555/ mo.	\$ 4,291/ mo.	\$ 5,028/ mo.	\$ 5,765/ mo.	\$ 6,501/ mo.
Did you file a tax return last year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes- List your 2019 <i>Adjusted Gross Income</i> \$ _____ (attach a copy of your tax return)						
How many family members live in your home? _____ Adults _____ Children						
What is your family income? (include all sources) \$ _____ per year or \$ _____ per month						
Father's Place of Employment: _____				Phone: _____		
Mother's Place of Employment: _____				Phone: _____		

Your signature confirms that the information listed on this application is correct to the best of your knowledge and grants Community Education permission to verify the information. It is your responsibility to notify Community Education if your financial situation changes. A new application must be submitted each school year. Delinquent payments will result in the cancellation of the scholarship award. Financial Assistance is not awarded to families with delinquent accounts. Financial assistance is dependent upon available funds and this program can be discontinued at any time. You must reapply for financial assistance each school year.

Parent/Guardian Signature _____ Date _____

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