

Black Student Achievement Program (BSAP) - Summer Programs Tuition Reduction Request

THIS FORM SHOULD BE COMPLETED AND SUBMITTED WITH REGISTRATION FORMS

Tuition reduction requests will be approved based on financial eligibility guidelines. If your child is already receiving free or reduced priced meals from the Howard County Public School System, you may possibly automatically qualify for tuition reduction. If your child does not receive free or reduced priced meals, or you choose not to disclose this information for the purpose of considering your request for tuition reduction, you will need to submit your financial information so that your eligibility for tuition reduction can be determined.

Please check the appropriate box below, and please see the "To All Applicants" paragraph below.

My child currently receives (**check one**) free lunch reduced priced lunch, and I hereby authorize the Department of Food & Nutrition of Howard County Public School System to disclose this information to the Office of Academic Intervention, BSAP Summer Programs, so that the verification of my child's eligibility for tuition reduction can be determined. **Complete and sign this side of this form.**

OR

I am submitting a completed financial information sheet along with a copy of my current tax returns to be considered for tuition reduction. **Complete and sign the Financial Information Sheet on the opposite side of this form.**

Parent/Guardian Name _____ Date: _____

Student Name _____

Home School _____ Current Grade _____

Address _____

Home Phone _____ Business Phone _____

PARENT/GUARDIAN SIGNATURE: _____

| | |
|---|--|
| For Office Use Only: | |
| <input type="checkbox"/> SLC | or <input type="checkbox"/> SEAL |
| <input type="checkbox"/> SLC & SEAL | |
| Program Cost: \$ 450.00 X (number of children) _____ = \$ _____ | |
| Amount of Reduction Per Child: \$ _____ | Total Reduction Amount \$ _____ |
| Total Tuition Cost After Reduction: \$ _____ | Payment: (Must be at least 50% of Final Cost) \$ _____ |
| Payment Amount: \$ _____ | Payment Amount: \$ _____ Total Amount Paid \$ _____ |
| Date of Final Payment _____ | PARENT SIGNATURE _____ |
| Authorized by: _____ | Date _____ |

To All Applicants: If a balance is due, your child will not be enrolled into the program until the following is completed:

- a. Complete and sign a Payment Agreement form
- b. Remaining balance is received by the BSAP Office by specified date.

Once these requirements are complete, your child will be registered into the BSAP Summer Program. Your child will only be accepted on a space available basis.

**Bring payment to: Faulkner Ridge Center, Black Student Achievement Program,
10598 Marble Faun Court, Columbia, Maryland 21044. Attention: Robert Hartge (410-313-7019x226)**

Black Student Achievement Program (BSAP) - Summer Programs Financial Information Sheet

(Only one Financial Information Sheet is needed to approve all children in the household)

Complete this side of this form if:

- you do not authorize the Department of Food & Nutrition to disclose information to the Office of Academic Intervention-Black Student Achievement Program, regarding free or reduced priced lunch.
- your child has not been approved for free or reduced priced lunch, but you feel there is a financial burden and/or academic situation which qualifies for consideration of tuition reduction.

Complete this side of this form, and submit the following information to the Office of Black Student Achievement Program: this completed form, your BSAP Summer Program registration forms, and a copy of your most recent completed tax returns.

Parent/Guardian Name _____ Date: _____

Student Name _____

Student's Home School _____ Current Grade _____

Address _____

Home Phone _____ Business Phone _____

Student Information: List the names of all for which you want tuition reduction to be considered.

| | Student Name | Current Grade | Current School |
|----|--------------|---------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Foster Child: List the child's monthly personal use income. Write "0" if the child has no personal income. \$ _____

Household Members and Monthly Income

| Name of Household Members | Gross <u>Monthly</u> Earning (before deductions) | | Monthly Welfare Payments, Child Support, Alimony | Monthly Payments Pensions, Retirement Social Security | Any Other <u>Monthly</u> Income |
|---------------------------|--|----------|--|---|---------------------------------|
| | Job 1 | Job 2 | | | |
| 1. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 5. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 6. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Signature of Adult Household Member _____

Social Security Number _____