

**HURON CITY SCHOOLS
TIGERS KIDS CLUB
2019 - 2020 Application for Financial Aid**

Part 1: Applicant Information

Last Name

First Name

Street Mailing Address

City, State and Zip

Daytime Phone

Evening Phone

Occupation

Employer

email address

Current Marital Status (Circle One)

Married

Single

Divorced

Widowed

Relationship to Students (Circle One)

Father

Mother

Legal Guardian

Other

****If you circled married above, please complete Part 2 for spouse. Otherwise skip to Part 3**

Part 2: Co-Applicant Information

Last Name

First Name

Street Mailing Address

City, State and Zip

Daytime Phone

Evening Phone

Occupation

Employer

email address

Part 3: Household Members

Names of <u>all</u> people living in your household. (First, Middle initial, Last)	DOB	Relationship

Part 4: Income Eligibility

Please list all forms of income, including earnings from work before deductions, welfare, child support, alimony, pensions, and all other.

List Household Members 18 years or older with income.	Income	Frequency (i.e., Weekly, bi-weekly, every two weeks, annually)

Please provide 2018 Federal Income Tax Return and last two pay stubs for each household member listed above. If receiving State aid please provide case number.

Part 5: Authorized Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that Tigers Club is a self funded program and therefore not required to follow the State requirements for waiving all fees. I understand that the information contained in this application is completely confidential and will not be shared with other programs in the school system unless requested by the applicant at which point a waiver form will be requested.

Print name: _____

Signature: _____

Social Security Number: _____

Date: _____

Part 6: Determination

Do not fill out this part, office use only.

**Annual Income Conversion: Weekly x 52, Every two Weeks x 26, Twice a month x 24,
Monthly x 12**

Total Annual Household Income: _____

Eligible Discount Amount: _____

Signature of Person Determining: _____

Signature of Person Confirming: _____

**Financial Aid Packet along with all documentation should be returned to the office of the Treasurer.
Applications submitted without documentation will not be considered. For questions call Cindy
Thompson 419-433-1627**

**Huron City Schools BOE
Attn: Cindy Thompson
712 Cleveland Rd E
Huron, Ohio 44839**

2019 FEDERAL POVERTY GUIDELINES*							
Size of Family Unit	100% Poverty Level	133% Poverty Level	150% Poverty Level	200% Poverty Level	250% Poverty Level	300% Poverty Level	400% Poverty Level
1	\$ 121,490	\$ 16,612	\$ 18,735	\$ 24,980	\$ 31,225	\$ 37,470	\$ 49,960
2	\$ 169,100	\$ 22,490	\$ 25,365	\$ 33,820	\$ 42,275	\$ 50,730	\$ 67,640
3	\$ 21,330	\$ 28,369	\$ 31,995	\$ 42,660	\$ 53,325	\$ 63,990	\$ 85,320
4	\$ 25,750	\$ 34,248	\$ 38,625	\$ 51,500	\$ 64,375	\$ 77,250	\$ 103,000
5	\$ 30,170	\$ 40,126	\$ 45,255	\$ 60,340	\$ 75,425	\$ 90,510	\$ 120,680
6	\$ 34,590	\$ 496,005	\$ 518,852	\$ 69,180	\$ 86,475	\$ 103,770	\$ 138,360
7	\$ 39,010	\$ 51,883	\$ 58,515	\$ 78,020	\$ 97,525	\$ 117,030	\$ 156,040
8	\$ 43,430	\$ 57,762	\$ 65,145	\$ 86,860	\$ 108,575	\$ 130,290	\$ 173,520

***Annual Family Income**

For family units with more than 8 members, add \$4320 for each additional member.

<u>Household Size</u>	<u>Annual</u>
1 (income less than)	\$49,960
2	67,640
3	85,320
4	103,000
5	120,680
6	138,360
7	156,040
8	173,520

TUITION SLIDING FEE SCALE	
At or below 100%	20 % of the total / Mo
At 133% or below 150%	37% of the total / Mo
At 150% or below 200%	47% of the total / Mo
At 200% or below 250%	56% of the total / Mo
At 250% below 300%	66% of the total / Mo
At 300% below 400%	75% of the total / Mo
At 400%	84% of the total / Mo

Examples:

Your total invoice for the month is \$180.00, you fall in the 133% to 150% of poverty level classification, you would be required to pay 66.60 for the month.

Invoice total \$80.00 per month at or below 100% of poverty level would pay \$16.00 for the month.