C:\Users\cthompson\Dropbox\Interlaser Procedures\Tigers Club\fy24\TKC Financial aid packet fy24 - no color version

HURON CITY SCHOOLS TIGERS KIDS CLUB 2023 - 2024 Application for Financial Aid

	ication for Financial Aid
	reaction for Financial Aid
Part 1: Applicant Information	
Last Name	First Name
Street N	Mailing Address
City,	Sate and Zip
Daytime Phone	Evening Phone
Occupation	Employer
em	ail address
CIII	an dudress
Current Marital Status (Circle One)	Relationship to Students (Circle One)
Married	Father
Single	Mother
Divorced	Legal Guardian
Widowed	Other
**If you circled married above, please complete Part 2: Co-Applicant Information	Part 2 for spouse. Otherwise skip to Part 3
, are 2. Co Applicant mormation	
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Street N	Mailing Address
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Occupation	Employer		

Part 3: Household Members			
Names of <u>all</u> people living in your household. (First, Middle initial, Last)	DOB	Relatio	onship
			
Part 4: Income Eligibility Please list all forms of income, including earnings fro alimony, pensions, and all other.	om work befo	ore deductions, welf	fare, child support,
List Household Members 18 years or older with income.	ı	Income	Frequency (i.e Weekly, bi-weekly, every two weeks, annually)
			·
		· · · · · · · · · · · · · · · · · · ·	
Please provide 2022 Federal Income Tax Return member listed above. If receiving State aid please		* *	each household
Part 5: Authorized Signature			
I certify (promise) that all information on this applica understand that Tigers Club is a self funded program requirements for waiving all fees. I understand that completely confidential and will not be shared with a requested by the applicant at which point a waiver f	n and therefo the informat other prograi	re not required to fo ion contained in thi ns in the school syst	ollow the State s application is
Print name:	Signature:		
Social Security Number:	Date:		

Part 6: Determination								
Do not fill out this part, office use only.								
2023 - 2024 Application for Financial Aid								
Annual Income Conversion:	Weekly x 52, Monthly x 12	Every two Weeks x 26,	Twice a month x 24,					
Total Annual Ho	ousehold Income		_	:				
Eligible D	iscount Amount:	:	_					
Signature of Pers	son Determining	:						
Signature of Pe	rson Confirming							

ancial 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, or email cthompson@huronhs.com

Huron City Schools BOE Attn: Cindy Thompson 710 Cleveland Rd E Huron, Ohio 44839

2023 FEDERAL POVERTY GUIDELINES*														
Size of Family Unit	100	0% Poverty Level	130	% Poverty Level	150% Poverty Level		200% Poverty Level				300% Poverty Level		400% Poverty Level	
1	\$	14,580	\$	18,954	\$	21,870	\$	29,160	\$	36,450	\$	43,740	\$	58,320
2	\$	19,720	\$	25,636	\$	29,580	\$	39,440	\$	49,300	\$	59,160	\$	78,880
3	\$	24,860	\$	32,318	\$	37,290	\$	49,720	\$	62,150	\$	74,580	\$	99,440
4	\$	30,000	\$	39,000	\$	45,000	\$	60,000	\$	75,000	\$	90,000	\$	120,000
5	\$	35,140	\$	45,682	\$	52,710	\$	70,280	\$	87,850	\$	105,420	\$	140,560
6	\$	40,280	\$	52,364	\$	60,420	\$	80,560	\$	100,700	\$	120,840	\$	161,120
7	\$	45,420	\$	59,046	\$	68,130	\$	90,840	\$	113,550	\$	136,260	\$	181,680
8	\$	50,560	\$	65,728	\$	75,840	\$	101,120	\$	126,400	\$	151,680	\$	202,240
Each add'l person		5140		6682		7710		10280		12850		15420		20560

*Annual Family Income

<u>Househo</u>	<u>ld Size</u>	<u>Anr</u>	<u>iual</u>
1	(income less than)	\$	58,320
2		\$	78,880
3		\$	99,440
4		\$	120,000
5		\$	140,560
6		\$	161,120
7		\$	181,680
8		\$	202,240

TUITION SLIDING FEE SCALE					
At or below 100%	20 % of the total / Mo				
At 130% 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 130% 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.