



HCPSS Summer School Program Financial Information Form

(For a student requesting a reduction based on free and reduced meal services eligibility who has not applied)

Complete this form if:

- Your child has not been approved for free or reduced priced lunch, but you feel that s/he may qualify or there is a financial burden which qualifies for consideration of tuition reduction.

Complete and submit this form with a copy of your 2014 Federal Tax Return.

Parent/Guardian Name _____ Date: _____

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: (Each foster child must have a separate application.) List the child's monthly personal use income: Write "0" if the child has no personal income. Personal Use Income: \$ _____

Household Members and Monthly Income

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

Signature of Adult Household Member _____

Last 4 Digits of S.S. # _____