

## Financial Assistance Request Form

Financial Assistance is available for HCPSS families that have demonstrated need. Requests will only be accepted for students who have been enrolled in a course or program. To apply, complete the request form below and provide documentation demonstrating financial hardship. The completed request should be sent to the student's summer program OR to the Summer Programs Office (HCPSS Summer Programs, 10910 Clarksville Pike, Ellicott City, MD 21042).

Students currently receiving Free and Reduced Meals (FARMs) through HCPSS **automatically qualify for 50% tuition reduction and do not have to submit documentation** of that status to Summer Programs. Additionally, students who are in temporary housing or homeless **do not need to complete this form**.

For more information please visit: <https://www.hcpss.org/summer-programs/>

---

## Eligibility

**Any family** of an HCPSS student may apply for additional financial assistance by completing this form and providing documentation, including:

- Students who receive FARMs but require assistance beyond the 50% reduction.
- Students who do not receive FARMs but require financial assistance.

Due to the already reduced cost of tuition, **no additional financial assistance** is offered to qualifying ESOL students already receiving reduced tuition.

## Review of Financial Assistance Requests

The Financial Assistance Committee will meet to review all completed requests. Families may indicate a financial assistance request on the applicable registration form; however, requests **will not be reviewed until supporting documentation is received**.

- All documentation is **confidential**, consistent with HCPSS data privacy policies.
- Financial assistance requests **will not be reviewed without documentation**. Families will be notified of the application results within five (5) school days of review by the Financial Assistance Committee.
- Families are required to **submit an initial payment** during registration, while the financial assistance application is under review.

# HCPSS Summer Programs



<b>Parent/Guardian Name:</b>	<b>Parent/Guardian Phone:</b>
<b>Student Name:</b>	<b>Grade:</b>
<b>School:</b>	<b>Date Submitted:</b>
<b>Summer Program</b> (NOTE: must be <b>enrolled in the program</b> before submitting application) <input type="checkbox"/> BSAP Summer Institute <input type="checkbox"/> G/T Summer Institutes <input type="checkbox"/> Innovative Pathways HS	
<b>Is the student eligible to graduate at the end of the summer (HS only)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Students whose FARMS status is already registered with the HCPSS <b>do not need to submit proof of income</b> . All other applicants are required to <b>submit one of the following</b> : <input type="checkbox"/> Pay stubs <input type="checkbox"/> Tax return (prior calendar year)	
<b>Additional Financial Hardship</b> (Check all that apply)	<b>Additional Documentation</b> (Check all that apply)
<input type="checkbox"/> Unemployment of a parent/guardian	<input type="checkbox"/> Termination letter from a former employer <input type="checkbox"/> Copy of unemployment assistance check
<input type="checkbox"/> Pending foreclosure or eviction	<input type="checkbox"/> Notice from a mortgage company or rental agency demonstrating eviction or foreclosure
<input type="checkbox"/> Medical hardship	<input type="checkbox"/> Bill from medical provider showing insurance does not fully cover medical expenses
<input type="checkbox"/> Government assistance	<input type="checkbox"/> Verification of assistance (Social Security, Disability, Housing Vouchers, Medicaid or SNAP benefits) <input type="checkbox"/> Copy of EBT card
<input type="checkbox"/> Other financial hardship	<input type="checkbox"/> Verification of eligibility for HCPSS Teen Parenting Program <input type="checkbox"/> Other:
<b>Number of members in the household:</b>	<b>Total gross (before tax &amp; deductions) monthly income</b> (including job earnings, welfare, child support, alimony, pensions, social security, and/or other income):

**HCPSS Financial Assistance Committee Use:**

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Initial Tuition:	Tuition Reduction:	Remaining Balance:
---	------------------	--------------------	--------------------