HCPSS Summer Programs

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 sent by mail 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

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Parent/Guardian Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School:</th>
<th>Date Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summer Program** *(NOTE: must be enrolled in the program before submitting application)*

- [ ] BSAP Summer Institute
- [ ] G/T Summer Institute
- [ ] Innovative Pathways HS

**Are you eligible to graduate during the summer (HS program only)?**

- [ ] Yes
- [ ] No

Students whose FARMs status is already registered with the HCPSS do not need to submit proof of income. All other applicants are required to submit one of the following:

- [ ] Pay stubs
- [ ] Tax return (prior calendar year)

### Additional Financial Hardship

**Check all that apply**

- [ ] Unemployment of a parent/guardian
- [ ] Pending foreclosure or eviction
- [ ] Medical hardship
- [ ] Government assistance
- [ ] Other financial hardship

### Additional Documentation

**Check all that apply**

- [ ] Termination letter from a former employer
- [ ] Copy of unemployment assistance check
- [ ] Notice from a mortgage company or rental agency demonstrating eviction or foreclosure
- [ ] Bill from medical provider showing insurance does not fully cover medical expenses
- [ ] Verification of assistance (Social Security, Disability, Housing Vouchers, Medicaid, or SNAP benefits)
- [ ] Copy of EBT card
- [ ] Verification of eligibility for Teen Parenting Program
- [ ] Other:

**Number of members in the household:**

**Total gross (before tax & deductions) monthly income**

(including job earnings, welfare, child support, alimony, pensions, social security, and/or other income):

For Financial Assistance Committee Use Only:
| Approved | Not Approved | Initial Tuition: | Tuition Reduction: | Remaining Balance: |