

SPEF wants to help families who are in need. Please email Stacey Petersen at spetersen@spef4kids.org with any questions you might have. Partially Filled Out Forms Will Not Be Processed. Please Read the Below Information Completely Before Submitting.

Applicants need to read and understand all bullet points below:

- Tuition Assistance is limited so early application is encouraged.
- Applications will be evaluated in order received, based on financial hardship, for current SPUSD students only. Funds are limited.
- **All information submitted is confidential and is shredded at the completion of the process.**
- **All parents/guardians** – even if parents are living in separate households, need to submit applications and documentation to demonstrate need for assistance.
- Assistance provided ranges from 25-50% total tuition per student. Consider other options such as an **Installment Plan**, which can be set up during the final stage of enrollment.
- Enroll your student(s) in classes BEFORE turning in this application. At the end, check the box ‘Pay In Office With Check’. Bring this application in within one day of online enrollment. We will not require payment until after application has been reviewed.
- Submit all paperwork, supporting documentation and printed online enrollment. Incomplete applications will not be evaluated. Enrollment in classes is subject to registration procedures and availability.

Examples of Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment • Subsidies for housing, food, tuition, etc. <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker’s compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran’s benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household or from relatives or other sources.

SPEF uses the general financial eligibility guidelines that the State uses for the Free & Reduced Lunch program. We use these as a **general guideline** but understand that there are sometime extenuating circumstances.

2020-2021	
Household Size*	Maximum Income Level (Per Year)
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403

*Household is synonymous with family and means a group of related or unrelated individuals who are living as one economic unit sharing housing and all significant income and expenses. Parents can be biological parents, stepparents, or guardians. Anyone that is part of the economic support system for the child/ren.

PLEASE PROVIDE INFORMATION FOR BOTH PARENTS/GUARDIANS. PLEASE PRINT CLEARLY.

PARENT/GUARDIAN 1 <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	CONTACT PHONE NUMBER	EMAIL ADDRESS
PARENT/GUARDIAN 2 <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	CONTACT PHONE NUMBER	EMAIL ADDRESS

STUDENT'S RESIDENCE ADDRESS	TUITION BY CLASS TYPE:
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STUDENT LAST NAME	STUDENT FIRST NAME	CURRENT SCHOOL: <input type="checkbox"/> AV <input type="checkbox"/> MAR <input type="checkbox"/> MHS <input type="checkbox"/> SPMS <input type="checkbox"/> SPHS	CLASS/ES TOTAL: \$ _____
STUDENT LAST NAME	STUDENT FIRST NAME	CURRENT SCHOOL: <input type="checkbox"/> AV <input type="checkbox"/> MAR <input type="checkbox"/> MHS <input type="checkbox"/> SPMS <input type="checkbox"/> SPHS	CLASS/ES TOTAL: \$ _____
STUDENT LAST NAME	STUDENT FIRST NAME	CURRENT SCHOOL: <input type="checkbox"/> AV <input type="checkbox"/> MAR <input type="checkbox"/> MHS <input type="checkbox"/> SPMS <input type="checkbox"/> SPHS	CLASS/ES TOTAL: \$ _____

REPORT INCOME FOR ALL PARENTS/GUARDIANS: BOTH PARENTS NEED TO BE LISTED AND THEIR PAPERWORK SUBMITTED – WRITE 0.00 OR N/A FOR ITEMS NOT APPLICABLE TO YOU.
 PLEASE CONVERT ALL MONTHLY TOTALS TO YEARLY TOTALS.
 PLEASE PROVIDE COPIES OF INCOME STATEMENTS FOR BACKUP. SEE BACK OF FORM FOR INCOME EXAMPLES.

NAMES OF PARENTS/GUARDIANS TO CHILD(REN)*	ANNUAL GROSS INCOME FROM WORK	PUBLIC ASSISTANCE / ALIMONY / CHILD SUPPORT	SUBSIDIZED HOUSING AMOUNT / OVERSEAS LIVING EXPENSE ASSISTANCE	PENSIONS / RETIREMENT / OTHER INCOME	TOTAL YEARLY INCOME
TOTAL					

THIS SPACE PROVIDED FOR YOU FOR EXPLAINING A TEMPORARY SITUATION THAT MIGHT BE AFFECTING YOUR INCOME OR REASON YOU WOULD LIKE ASSISTANCE.

PARENT/GUARDIAN 1 SIGNATURE	DATE	PARENT/GUARDIAN 2 SIGNATURE	DATE
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For SPEF Use Only:

EVIDENCE PROVIDED:	<input type="checkbox"/> SPUSD STUDENT <input type="checkbox"/> FORM 2	<input type="checkbox"/> PAYSリップ / EDD (PARENT 1/PARENT 2) <input type="checkbox"/> TAX RETURN (PARENT 1/PARENT 2) <input type="checkbox"/> LUNCH LETTER -- <input type="checkbox"/> FREE OR <input type="checkbox"/> REDUCED	SPEF TO DISCOUNT: _____ % OF TOTAL = \$ _____ RESPONSIBLE PARTY TO PAY REMAINING BALANCE OF: \$ _____ <input type="checkbox"/> DECISION COMMUNICATED DATE: _____ METHOD: EMAIL PHONE/LEFT MSG NOTES: _____
RECOMMENDATION & NOTES: Evaluation Date: _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED NOTES: _____			DATE: _____ METHOD: EMAIL PHONE/LEFT MSG NOTES: _____