



Application for Fee Assistance

Kindergarten Plus 2010-11

Independent School District 196 Community Education
 % Kindergarten Plus
 15180 Canada Avenue
 Rosemount, MN 55068

Phone: 651.423.7933 Fax: 651.423.7930 E-mail: k-plus@district196.org

Please complete the following, to apply for full or partial fee assistance with your Kindergarten Plus fee payments. All paperwork MUST be complete, including income verification, to be considered for final placement. If you have questions about this form, please call Community Education at 651.423.7933.

Child's Name: _____ Requested School: _____

Parent/Guardian #1: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

Parent/Guardian #2: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

Please list ALL persons living in your household:

Last Name, First Name	Gender	Date of Birth	Age	Relationship to Parent/Guardian
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please note, the amount of fee assistance available for Kindergarten Plus is limited. Full or partial scholarships will be awarded, as the supply lasts, according to the Federal guidelines for Free and Reduced-Price School Meals. Completing this application DOES NOT replace the application for the Meals program. You must complete a separate application in order for your child to qualify for the Free and Reduced-Price School Meals program.

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Statement of Income

Please complete the information below for the last 12 months (one year) for all household members, including yourself, who are 14 years of age or older. Please complete every line.

Important! You must attach income verification and documentation of child support or spousal support.

Type of Income	Parent/Guardian #1	Parent/Guardian #2	Others	Annual TOTAL
Earned Wages (Gross)	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Self-Employment Income	\$	\$	\$	\$
Dividends/Interest, Rental Income	\$	\$	\$	\$
All Public Assistance*	\$	\$	\$	\$
Pensions, Annuities	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Spousal Support	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL Household Income	\$	\$	\$	\$

*Do you receive Public Assistance? Yes No

Minnesota Family Investment Program (MFIP)	Amount per Month:	\$ _____
Temporary Assistance for Needy Families (TANF)	Amount per Month	\$ _____
General Assistance (GA)	Amount per Month	\$ _____
Minnesota Child Care Assistance Program (CCAP)	Amount per Month	\$ _____

I understand that:

- ♦ I must attach income verification, documentation of child support or spousal support, and documentation verifying any other information as requested by the Kindergarten Plus office in order to determine my need for fee assistance. Documentation can include one of the following:
 1. Copies of the family's last three paycheck stubs, or
 2. Copy of the family's W-2 from the most recent tax year.
- ♦ This application is for fee assistance to help pay for the costs of the Kindergarten Plus program.
- ♦ Limited fee assistance funds are available for Kindergarten Plus.
- ♦ Students whose paperwork is not complete will be put on a placement waitlist.
- ♦ Any Kindergarten Plus subsidy is granted for one school year.
- ♦ I must inform the Kindergarten Plus office of any changes in income or number of persons in my household.
- ♦ No child will be discriminated against because of race, color, sex, handicap, or national origin.

I affirm that:

The statements I have made in this application are true and accurate to the best of my knowledge.

Applicant's Signature

Date