

AFRIKAN CENTERED EDUCATION COLLEGIUM CAMPUS

APPLICATION FOR EARLY CHILDHOOD TUITION ASSISTANCE

ONE APPLICATION PER HOUSEHOLD OR PER FOSTER CHILD - SCHOOL YEAR 2011 - 2012

PART 1. STUDENT INFORMATION (COMPLETE FOR ALL STUDENTS CURRENTLY ENROLLED IN KCMSD) * ONE FOSTER CHILD PER APPLICATION *

| Student ID # | First Name, Middle Initial, Last Name (Legal Name(s) of all children in school &/or applying for enrollment) | Date of Birth | Grade | List Food Stamp or Temporary Assistance case # for each child (not a 16 digit EBT card #). Skip to Part 4 if you list a FS or a TA case #. |
|--------------|---|---------------|-------|--|
| | | _ / _ / _ | | 0 0 |
| | | _ / _ / _ | | 0 0 |
| | | _ / _ / _ | | 0 0 |
| | | _ / _ / _ | | 0 0 |
| | | _ / _ / _ | | 0 0 |
| | | _ / _ / _ | | 0 0 |

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income. \$ _____. (Write "0" if the child has no personal use income.)

PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

| 1. Name (List all adults and children in household) <small>Please attach an additional page if needed.</small> | 2. Gross income and how often it was received (W = Weekly; E = Every two weeks; T = Twice a month; M = Monthly; Y = Yearly) | | | | | | | | 3. Check if NO income |
|--|---|-----------|--|-----------|---------------------------------------|-----------|------------------|-----------|--------------------------|
| | Earnings from work before deductions | | Welfare payments, child support, alimony | | Pensions, retirement, Social Security | | All Other Income | | |
| | Income | How often | Income | How often | Income | How often | Income | How often | |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> |

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.) *I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.*

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Phone Number: _____ Email address _____ Social Security #: _____ - _____ - _____ I do not have a Social Security #

Please return to: ACECC, Early Childhood Tuition Assistance, 6330 Swope Parkway, Kansas City, Missouri 64132

Questions Call : 816-216-7145 x10

PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities:

Asian Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native Other

Mark one ethnic identity:

Hispanic or Latino Not Hispanic or Latino

DO NOT FILL OUT THIS SECTION. THIS IS FOR ACECC USE ONLY.

ANNUAL INCOME CONVERSION: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____ Food Stamps/Temporary Assistance

Eligibility: _____% Discount ACECC Discount Full Cost Determining Official's Signature: _____

Determination Date: _____ Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household receives **FOOD STAMPS OR TEMPORARY ASSISTANCE**, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or Temporary Assistance case number. A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is **NOT** acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

If you are applying for a **FOSTER CHILD**, use a separate application for each foster child, follow these instructions:

Part 1: List the child's name, school, and grade.

Part 2: Check the box and list the child's personal use monthly income. Write "0" if no personal use income.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, student id # and grade.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. Exclude military combat pay received by service members during a deployment.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Confidentiality: Household size, income and Social Security information will remain confidential and is only used in determining the eligibility cost for your scholar.

Incomplete applications may delay tuition benefits.