



FEE WAIVER APPLICATION

Please read the APA Official Fees Notice before completing this application.
All information on this application will be kept confidential.

Section A:

Name of student: _____ Grade level: _____

Address: _____

Name of parent or guardian: _____ Phone: _____

APA Campus: _____ Student #(for office use): _____

Please check if applicable: (attach supporting documents for each category that applies)

- Student is eligible based on income verification. (See Section D, on the following page)
- Student receives (SSI)* Supplemental Security Income (or qualified children with disabilities)
*Students who receive Survivor Benefits Do Not Qualify for the SSI category
- Family receives TANF (currently qualified for financial assistance or food stamps)
- Student is in Foster Care (under Utah or local governmental supervision)
- Student is in State Custody

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all of the above qualifiers. If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request: _____



AMERICAN PREPARATORY
ACADEMY

Please review the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. Please note that costs for yearbooks, class rings, letter jackets, school pictures, and similar items are not fees and will not be waived. Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.

<u>Fee Description</u>	<u>Amount</u>	<u>Fee Description</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit your completed application to the office staff. All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. In accordance with Utah State law and school policy, APA provides alternatives in lieu of fee waivers, which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.

PARENT'S OR GUARDIAN'S SIGNATURE

DATE

Achieving Academic Success and Developing Good Character

Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)
LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMNS ON SAME LINE AS RECEIVER.

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12
The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.

NAME Last	First	M.I. (also known as)	Earnings from work (before deductions) Job 1-Monthly	Pension/Retirement Social Security Monthly	Welfare, alimony child support Monthly	Other income 2nd job, etc. Monthly	Total by Adult Monthly Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household _____

Section C. EXAMPLES OF INCOME

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2017 to June 30, 2018

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
For each additional family member, add:	5,434	453	227	209	105

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFSS or Juvenile Justice Department.

This form and all supporting documents will be destroyed after the approval process is complete.