

WINN BROOK EXTENDED LEARNING FINANCIAL AID APPLICATION INSTRUCTIONS

Please take a minute to read the following information and instructions. WBExL would like all applicants to understand the following.

- ◆ Financial aid, if awarded, will take the form of tuition waivers, applied to each monthly payment. In most cases, families will be expected to pay some part of the monthly fee. Full tuition waivers will be given only in extraordinary circumstances.
- ◆ Anyone who receives a partial tuition waiver will be responsible for making timely payments on the balance. *Failure to make payments will result in the termination of the child's enrollment in WBCC.*
- ◆ In the event that the number of qualified applicants exceeds the financial aid budget, awards will be made on the basis of greatest need, as determined by WBExL.
- ◆ If there are no applicants judged to meet the need criteria as set out by WBExL, no financial award will be awarded.
- ◆ The Board reviews the financial aid program at the end of each school year. The current Board offers no guarantee that financial aid will be offered in subsequent years.
- ◆ In awarding financial aid, WBExL will give preference to those applicants who need a WBExL program for their child in order to continue working at a full-time job, to attend a school or a job training program full time.
- ◆ All information submitted on financial aid applications will be treated as confidential

Financial Aid Eligibility

The following guidelines will be used by the program administrator and board in determining eligibility for financial aid. Families who are considering whether to apply for aid should see whether they qualify under either of these guidelines.

Your family receives free or reduced price school lunch, AFDC, WIC or other public subsidy/assistance programs.

Your gross annual income is at or below 50% of the state median of \$44,593.00 (effective July 1, 2016) for a family of three (adjusted for larger or smaller family size).

WBExL will consider financial aid requests from families in other circumstances (for example, serious illness or disability of a primary caretaker or immediate family member), but the general policy is to offer assistance to low income families who need childcare to work, or to attend school or a job training program full time. When in doubt, submit an application.

**Winn Brook Extended Learning
Financial Aid Application 2019-2020**

Please complete all blanks. List all children for whom you are applying for aid on one form. Incomplete applications will not be considered. You will need to submit both a federal tax return from 2026 and your most recent pay stubs, assuming you are working.

Name of Child _____ Grade in Sept. 2026 _____
Name of Child _____ Grade in Sept. 2026 _____
Name of Child _____ Grade in Sept. 2026 _____

Parent/Guardian:

Name _____ Relationship to Child _____
Address _____ City/State/Zip _____
Phone (home) _____ (work) _____

Name _____ Relationship to Child _____
Address (if different from above) _____ City/State/Zip _____
Phone (home) _____ (work) _____

If parents are separated or divorced, who will be responsible for paying tuition?

Name _____

Program(s) attended/applied for (check all that apply)

- Before School Days per week _____
- After School Days per week _____

Need for Daycare

Do you work or attend school or a job training program (complete applicable blanks)

Parent/Guardian #1:

- Work full time (list hours) _____
- Work part time (list hours) _____

Name and address of employer _____

- Attend school or training program full time (list hours) _____
- Attend school or training program part time (list hours) _____

Name and address of school or program _____

Parent/Guardian #2:

- Parent/Guardian #2:** (list hours) _____
- Work part time (list hours) _____

Name and address of employer _____

- Attend school or training program full time (list hours) _____
- Attend school or training program part time (list hours) _____

Name and address of school or program _____

If you do not work or attend school or a job-training program, why do you want your child in WBExL?

Aid already received (please check all that apply)

- Free or reduced price lunch through the Belmont School Lunch Program
- Child care vouchers; will you continue to get a voucher for the 2026-2027 school year? ___ Yes ___ No
- Food Stamps, TAFDC, housing subsidy or other public assistance (list type and case number, if applicable) _____

Family Size and Income

Number of dependent children _____ Other dependents _____ (as listed on 1040 tax form)

Monthly Income:

Parents Earnings from Work (include wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business) _____

Child Support/Alimony _____

Pensions/Retirement/Social Security (include pensions, supplemental security income, retirement income, veteran's payments, social security) _____

Other Income (include disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities, net rental income, any other income) _____

How many weeks or months do you foresee your child needing this financial assistance? _____

Please briefly explain any factors that should be considered in your request for financial assistance. Describe any temporary or permanent hardships that would not be obvious from your gross income information listed above.

Please check below if either or both apply to you.

- I did not file a federal tax return for 2026
- I am a full-time student and am not presently working.

Please attach a copy of your federal income tax return for 2026 and last two pay stubs to this application. If you did not file an income tax return in 2026, you still should submit the pay stubs and indicate on the application that you did not file a 2026 federal income tax return. Full-time students, who are not working, should indicate this on the application. Please verify all claims that you receive public assistance (e.g., vouchers, TAFDC, food stamps, free lunch) with the appropriate documentation.

I/We declare that the information on this application is true, and complete, to the best of my/our knowledge.

Signed _____ relationship to child _____ date _____

Signed _____ relationship to child _____ date _____