



Financial Aid Application

Fee Discount Eligibility

All clients are eligible to apply for a financial aid discount. Determination of discount, if any, is dependent upon household income and household size in comparison to the current Federal Poverty Guidelines at a minimum. To be eligible for a financial aid discount, you must provide accurate income information as well as a list of all persons within the household or individuals for whom you are financially responsible. Proof of income and household size may be requested at any time. Parents/Guardians will be notified of discount eligibility no later than five (5) business days from the time Exceptional Mindset Tutors receives a completed application, along with any requested documentation.

Term

Information must be updated every 6 months or within 30 days of any change of household income or household size. Eligibility will be reviewed annually.

Definitions and Examples of Acceptable Proof of Income:

1. Income is based on the gross income of all household members earning income. Income used for eligibility includes, but is not limited to the following:
 - a. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, alimony, child support, and other miscellaneous sources.
 - b. Noncash benefits (such as food stamps and housing subsidies) do not count.
2. Acceptable forms of proof for determining income must include at least one (1) of the following:
 - a. Income Tax Return
 - b. Two (2) or more paycheck stubs within the past thirty (30) days
 - c. Agency letter: a letter from the Social Security Administration, Veterans Administration or Social Service Agency (i.e., AFDC, Food Stamps, or WIC) indicating income level.
 - d. Unemployment verification: Paperwork from the Employment Securities Commission (ESC) proving unemployment status and the amount of unemployment compensation being received.
 - e. Official Paperwork/Court Documents: Paperwork documenting retirement, disability, SSI benefits, child support/alimony, etc.
 - f. Employer Letter: Letter from patient's employer detailing current gross income and frequency of pay periods. Contact information must be provided for verification purposes.

Household Size:

1. All members of a household who are pooling financial resources including room and board and/or are supporting one another financially are counted as one household.
2. Household size can be documented with any of the following:
 - a. Current Federal Tax Return (individual or joint)
 - b. Decree of Court (to show number in household)
 - c. Divorce Decree (change in household size)
 - d. Lease Agreement
 - e. Public Assistance/Social Service Agency Records

Your application cannot be processed until all documents are received. Fees will only be adjusted/reduced once application has been approved.



Parent name: _____ Child Name: _____

Eligibility Determination

TO BE COMPLETED BY PARENT/GUARDIAN: Please complete ALL your family information below.

Household: List all members of your household

Name	Family Relation	Date of Birth	Head of Household (Y/N)	Contributes to Household Income (Y/N)	Dependent (Y/N)

Household Income: List earning for all household members (Copies of Earnings Must Be Included)

Household Member Type (Head/Contributor)	Income Type (W2, 1099, Other)	Monthly Income Contribution
Household Income Total		

Additional Household Earnings:

Earnings Type	Amount
Additional Earnings Total	
Total of All Earnings All	

Please provide copies of corresponding documentation to confirm the information stated



Household Expenses

Mortgage / Rent (Include a current mortgage, lease statement, copy of clear check payment)	Monthly Payment
School Tuition (Amount per/student multiply by number of student(s))	\$ _____ x _____ =
College Tuition (Amount per/student multiply by number of student(s))	\$ _____ x _____ =
Household Expense Total	

Household Utilities/Bills Expenses

Utility/Bill Type	Expense Amount	Frequency
Household Expense Totals		

Additional Household Expenses

Expense Type	Expense Amount	Frequency
Additional Expense Totals		
Grand Total of All Household Expenses		

Please provide copies of corresponding documentation to confirm the information stated.

I understand that the information I provided on this form is subject to verification by EMT. I certify that the above information is true and correct to the best of my knowledge and that I understand and agree to adhere to all terms and conditions of a sliding fee discount.

Parent/Guardian Printed Name

Signature

Date