

## Financial Information Sheet - Intensive Summer English Program

Classes are 2 hours and take place 2x a week for 8 weeks, with 30 minute tutor lessons taking place 2x a week for 8 weeks. An application fee of \$26 is issued first and separately. When the student is admitted, they will be required to pay the program fee to reserve their space in class.

If the student is not admitted to the program, they will be matched with a tutor for no extra charge and the \$26 will cover the annual assessment fee.

### Combined Yearly Income of Working Adults in Household

# of People	22,000 or less	27,000 or less	32,000 or less	37,000 or less	45,000 or less	Over 45,000
1	\$200	\$300	\$500	\$500	\$500	\$500
2	\$200	\$200	\$300	\$500	\$500	\$500
3	\$100	\$200	\$200	\$300	\$500	\$500
4	\$30	\$100	\$200	\$200	\$500	\$500
5	\$30	\$30	\$100	\$200	\$300	\$500
6	\$30	\$30	\$30	\$100	\$200	\$300
7	\$30	\$30	\$30	\$30	\$100	\$200
8	\$30	\$30	\$30	\$30	\$30	\$100

A “household” includes legal children, a civil union partner or married spouse, and legal dependents. Annual gross income includes salary, unemployment benefits, disability or social security benefits, investment income or other sources of income that support the household. You should bring proof of all of the household income for yourself and everyone in your household.

Documentation to support sliding scale fees can be:

- Most recent tax return
- 2-3 most recent pay stubs from employer, no older than three months
- Most recent W-2 or 1099
- Letter from the Social Security Administration documenting your SSI or SSDI benefits
- Letter detailing unemployment benefits from your state unemployment office
- Notarized letter stating you have no source of income signed by you.

## Sliding Scale Worksheet

Household includes spouse/partner, minor children, dependent relatives. Use back if needed.

Names of Individuals living in household (including yourself)	Relation to you

## Annual Household Income

<u>Source of Income</u>	<u>Self</u>	<u>Partner</u>	<u>Other</u>	<u>Total</u>
<u>Gross Wages, salaries, tips, etc</u>				
<u>Social Security (SSI, SSDI)</u>				
<u>Unemployment Income</u>				
<u>Other</u>				
<u>TOTAL INCOME</u>				

I have reviewed this form and certify that it is true to the best of my knowledge. I understand that I will be responsible for the program fee and understand that there are no refunds. All fees will be charged when admitted and there is no refund for classes missed.

PROGRAM FEE: \_\_\_\_\_

Staff Initial \_\_\_\_\_

Signed \_\_\_\_\_