

Tuition Subsidy Guidelines

% of State Median Income (SMI)	Family of Two		Family of three		Family of four		Family of five		Family of six		Family of seven	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$37,465	\$3,122	\$46,280	\$3,857	\$55,096	\$4,591	\$63,911	\$5,326	\$72,726	\$6,061	\$74,379	\$6,198

% of State Median Income (SMI)	Family of eight		Family of nine		Family of ten		Family of eleven		Family of twelve	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$76,032	\$6,336	\$77,685	\$6,474	\$79,338	\$6,611	\$80,990	\$6,749	\$82,643	\$6,887

Please provide the following information:

Child's Name: _____

Parent/Guardian Name: _____

Please choose the number of days your child will attend: ___4-day slot ___5-day slot

Please check the number of members in your household:

___Family of two

___Family of three

___Family of four

___Family of five

___Family of six

___Family of seven

___Family of eight

___Family of nine

___Family of ten

___Family of eleven

___Family of twelve

I _____ am applying for a subsidy for the tuition at Fort Meadow Early Childhood Center for the 2018-2019 school year. I/We am attaching the paystubs for everyone working in this household. I verify that this is the total income for working members in this household. If it is later determined that the information submitted is not accurate and I am not eligible for a subsidy, I/We agree that I/(We) will be liable for the full tuition for the 2018-2019 academic year.

Signed under the pains and penalties of perjury.

Signature _____ Date _____

Signature _____ Date _____

If you have indicated you wish to be considered for a tuition subsidy that would reduce the cost of tuition, you need to submit recent pay stubs for everyone working in your household by **August 24, 2018**. Please send in this worksheet and 4 recent pay stubs if paid weekly, 2 if paid biweekly or 1 if paid monthly.