

School Age Care Sliding Fee Application

through June 2025

Thank you for your interest in our School Age Care Scholarship Program. Scholarships allow for access to financial assistance to help offset costs associated with this daycare program.

To apply for the SAC Scholarship, complete the attached application and send the application and a copy of your Federal Income Tax Return or Returns for all individuals supporting the household to the Director of Community Education.

Eligibility Criteria:

- Your child will be at least 3 years of age as of September 1, 2024.
- You must have a Minnesota address (residing in the state of Minnesota)
- You must have a family income equal to or less than 200 percent of the federal poverty level or be receiving certain publicly funded assistance in an approved state or federal public assistance program.

To Apply:

- Complete this application.
- Provide proof of income with either Option 1 or Option 2
 - *Option 1:* If you are currently participating in one of these programs (MFIP, CCAP, FRLP, SNAP, Head Start, Foster Care, etc.) you must attach an official document with a current date (within 6 months of this application) to this application to show participation in that program.
 - *Option 2:* Complete the income verification chart – list all household members including all people living in the household, related or not, who share income and expenses. You must include yourself and all children who live with you. List each adult sharing expenses as household members. Attach acceptable proof of all income for each adult listed, which includes the previous year's tax form, W-2 form, two most recent pay stubs, financial aid statement, or a statement from an employer on company letterhead.
- Submit your application to NRHEG Community Education, School Age Care

Requirements:

By signing this application, you're confirming that...

- The information on this application is true, and all households members' incomes are reported. If I purposely give false information, my child may lose the scholarship and I may need to reimburse NRHEG School Age Care for funds already paid.
- I will be required to re-apply for this scholarship every year I intend to enroll my child in School Age Care.
- I will notify School Age Care staff if I move or contact information changes.

Application for School Age Care Scholarships will NOT be considered until a completed application and a copy of the family Federal Income Tax Return (or all supporting household income verification documentation) has been received.

Applications should be returned to and questions directed to:

Macy Whiteside
NRHEG Community Education Director
306 Ash Ave. South
New Richland, MN 56072
mwhiteside@nrhegk12.mn.us
507-417-2667

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NRHEG Community Education uses a sliding fee scale for School Age Care scholarships. Please review the Federal income guidelines.

Please circle your family size in the first column on your left. Follow the line to the right to determine which income level you are at. Circle the discount requested on the bottom line.

Family Size	Less Than	Less Than	Less Than	Greater Than
2	37,861	39,926	42,689	42,689
3	47,767	50,373	53,809	53,809
4	57,720	60,864	64,932	64,932
5	67,673	71,355	76,592	76,592
6	77,626	81,845	87,175	87,175
7	87,579	92,336	98,298	98,298
8	97,532	102,826	108,120	108,120
	30%	20%	10%	no discount

1. What is the household's TOTAL yearly income before taxes: Documentation required – ie. Paystubs for employment, W-2, etc.

Salaries: _____

Child Support: _____

Alimony: _____

Government Assistance of any kind: _____

Any additional income of any kind: _____

TOTAL PER YEAR: _____

2. Are there any extenuating circumstances we should know about? (ie. Excessive health problems and costs incurred with them, or other pertinent information that would be helpful for us to know about your family's situation?)

I declare under penalties of perjury that the information above is just and true. The effect of this verification shall be the same as if subscribed and sworn under oath.

Child's Name: _____

Parent Name (printed): _____

Parent Signature: _____ Date: _____

For Office use only:

_____ Approved for a discount of _____% _____ Did not qualify under income guidelines.

_____ Community Education Director Signature