

Application for Tuition Assistance

from the Murray Foundation for Excellence 2010-11

What forms will you need?

- a) This 4 page Application Form (for up to 4 students), and
- b) a separate Yellow Student Information Sheet for **each student**.

If your student did not attend MISD last year please include a copy of all school records.

Due to a limited amount of funding, applications **must be postmarked by**

April 15, 2010 for 2010-11 Assistance

Return this form by **mail only** to:

Murray Foundation for Excellence, P.O. Box 1417, Murray, KY 42071

Do not return this form to any school office or to the MISD Board Office.

The Murray Foundation for Excellence will provide tuition assistance for out-of-district students based on availability of funds. This form and the Yellow Student Information Sheets should be filled out by the primary caregiver and returned as directed above. A recommendation by the student's 2008-09 principal will be obtained by the Foundation. This form is only applicable during the Spring 2010 semester. Any documents or forms used in determining tuition assistance will be completely confidential. Not all applicants will be granted assistance. The primary criterion for tuition assistance will be financial need. Other criteria include the student's a) adherence to Board Policies on attendance and conduct, b) involvement in the school community and c) academic effort. Notification of the results of the process will be mailed to applicants by May 31, 2010.

For help in filling out this form call 753-4363.

This box for office use only.

Family code Postmark Received.....

General Family Information Sheet

This page may contain information which identifies caregivers or children.

This page will not go to the Tuition Assistance Committee

List the names of all of the K – 12 students in this family **for whom you are asking assistance**. List any other students at the bottom of the page.

#1 Name _____ Grade in 2009-10 _____ 2010-11 _____

#2 Name _____ Grade in 2009-10 _____ 2010-11 _____

#3 Name _____ Grade in 2009-10 _____ 2010-11 _____

#4 Name _____ Grade in 2009-10 _____ 2010-11 _____

**You must complete a separate Yellow Student Information Sheet
for each student seeking assistance.**

Name(s) of primary caregiver(s):

Address of primary caregiver(s):

Email address (if any): _____ Phone number _____

Names and ages of other persons living in the home.

Name _____ age _____

Name _____ age _____

Name _____ age _____

Name _____ age _____

This box for office use only. Family code

Family Financial Information Sheet

This page may contain information which identifies caregivers or children.

This page will be viewed only by the President of the Foundation for Excellence and one school administrator to verify the information. The Tuition Assistance Committee will see only the final family income amount. **Gross income means income before any deductions.**

(A) Primary caregiver's main current employer _____ Work phone _____

(If less than one year please list previous employer _____)

Monthly gross income from current employer (A) _____

(B) Additional caregiver's main current employer _____ Work phone _____

(If less than one year please list previous employer _____)

Monthly gross income from current employer (B) _____

(C) Total monthly gross income from all employment (A) and (B) above: _____

(D) Monthly child support payments from other individuals to support these children. _____

(E) Monthly child support payments from government agencies to assist these children. _____

(F) Other monthly family income. _____

Total monthly family income. (C + D + E + F) _____

Total number of federal income tax exemptions that you had in 2009 _____.

Also list the number in the family if that number is different from the number of exemptions. _____.

Please attach evidence of the income levels listed above.

A copy of the most recent FEDERAL tax forms is the preferred method. If that is not possible, then explain and include copies of pay stubs or other verification of income.

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Family code

Total family income

AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF EDUCATIONAL RECORDS
PLEASE PRINT OR TYPE

#1 Name _____ Date of Birth: _____ Grade in 2009-10 _____

Social Security Number: _____ signature _____

#2 Name _____ Date of Birth: _____ Grade in 2009-10 _____

Social Security Number: _____ signature _____

#3 Name _____ Date of Birth: _____ Grade in 2009-10 _____

Social Security Number: _____ signature _____

#4 Name _____ Date of Birth: _____ Grade in 2009-10 _____

Social Security Number: _____ signature _____

Family Address: _____

Parent or Guardian Name: _____

1. I, the undersigned, hereby authorize the Murray Independent School District to release any and all requested educational records or information from my child's educational records on file with the Murray Independent School District to the Murray Independent School District Foundation for Excellence in Public Education, Inc. (hereafter, MISD Foundation).

2. The sole purpose for this Authorization is to permit representatives of the MISD Foundation to review my child's educational records to determine eligibility for financial assistance from the Foundation for tuition expenses. I acknowledge that any release of information to the MISD Foundation does not create a right to, or guarantee of, financial assistance.

3. Any information received by the MISD Foundation pursuant to this Authorization is for the Foundation's sole use and is not to be publicly disclosed to any other person or entity, as it retains its confidential nature for purposes of the Kentucky Open Records Act (KRS 61.878(1)(k)) and the Kentucky Open Meetings Act (KRS 61.810(1)(k)).

4. This release is executed in accordance with Murray Independent School District Policy, the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. Sect. 1232(g) and the Kentucky Family Education Rights and Privacy Act, KRS 160.700 et seq.

THE ABOVE INFORMATION IS TO BE RELEASED ONLY TO:
Murray Independent School District Foundation for Excellence in Public Education, Inc.
Box 1417, Murray, Kentucky 42071, Attention: Tuition Assistance Committee

This Authorization must be signed and dated, and may be revoked at any time by a written document tendered to the Superintendent of the Murray Independent School District; except to the extent any action has been taken prior to revocation. In the absence of a revocation, as set forth herein, this consent will expire 180 days from the date below. A photocopy of this Authorization shall have the same force and effect as the original.

I hereby state that I have read and fully understood the above statements as they apply to me and my child and understand that the information used or disclosed by virtue of this authorization is to be used for the purpose of determining whether my child is eligible for tuition assistance from the Murray Independent School District Foundation for Excellence in Public Education, Inc..

PARENT OR GUARDIAN SIGNATURE: _____

DATE: _____ WITNESS: _____

Yellow Student Information Sheet

Complete one of these for each child.

Do not put information on this page which identifies child or caregivers.

This page will go to the Tuition Assistance Committee

Required: This sheet is for the student numbered _____ on page 2 of the Application Form.

- 1.a School in which this child is presently enrolled. _____
- 1.b Circle the grade that the student is in this year. None K 1 2 3 4 5 6 7 8 9 10 11 12
2. Number of children (including this one) in this home that are in the Murray City Schools. _____
3. List school activities in which this child is involved. (Do not include Kids Company.)

(You may put additional comments on back.)

4. List the school volunteer programs in which this family is involved.

(You may put additional comments on back.)

- 5.a. Circle the relationship of the principal caregiver to the child. _____
mother father other _____
- 5.b. Child lives with: (please circle) two parents mother father other _____

6. **Special circumstances** (includes things such as special needs, school “fit”, academic interests, variations in family employment, medical problems, etc)

(You may put additional comments on back.)

7. Rate this student’s academic **EFFORT** in 2009-10. Circle one **poor fair average good excellent**
8. Rate this student’s school attendance in 2009-10. Circle one **poor fair average good excellent**
9. Rate this student’s conduct in school in 2009-10. Circle one **poor fair average good excellent**

Some applications will not be funded. In order for the Murray Foundation for Excellence to help as many families as possible, very few (if any) grants will be funded at 100%. Please fill in the following:

I can and will pay \$ _____ per month **for this student** for a total of \$ _____ per month for **all of my students** for a ten month period of time.

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Child code (= Family code +child number from page 2)

Total income/Number as a % of the poverty level