

Application for Tuition Assistance
from the MISD Foundation for Excellence
for the Academic Year 20____-20____

The MISD Foundation for Excellence will provide partial assistance for out-of-district students living in Calloway County if funds are available and the students meet the primary criterion of financial need. A foundation committee will not see this application but will review the Student Information Sheet and will determine the amount of assistance based on information about students and their families' involvement in the school community and upon evaluations by principals of students' conduct, attendance, and academic effort.

Primary caregivers may apply for assistance for as many as four students by completing **this two-page form** AND a separate Student Information Sheet for each student.

Applications must be mailed to the address below and must be postmarked by April 15:

Tuition Assistance
MISD Foundation for Excellence
PO Box 1417, Murray, KY 42071

Applicants should please acknowledge with their signatures that they have read and agree to the following:

The Murray Independent School District may release any and all requested educational records on file to the MISD Foundation for Excellence, PO Box 1417, Murray, KY 42071 for the sole purpose of determining eligibility for financial assistance. Information released is confidential for purposes of the Kentucky Open Records and Open Meetings acts and will not be disclosed to others. Such authorization does not create a right to, or guarantee of, assistance, and it may be revoked by written request unless action has been taken. This release is executed in accordance with applicable provisions of school district policy and both federal and state Family Educational Rights and Privacy Acts.

Signatures of Parent(s) or Guardian: _____

Date: _____ Signature of Witness: _____

For Foundation Use: Family Code _____ Postmark _____ Received _____

Revised January 2016

Application for Tuition Assistance Family Personal and Financial Information Sheet

List all K-11 students in this family for whom you seek assistance.

#1 Name _____ Current Year Grade _____
Date of birth: _____ Social Security Number: _____

#2 Name _____ Current Year Grade _____
Date of birth: _____ Social Security Number: _____

#3 Name _____ Current Year Grade _____
Date of birth: _____ Social Security Number: _____

#4 Name _____ Current Year Grade _____
Date of birth: _____ Social Security Number: _____

Name(s) and address(es) of primary caregiver(s):

Email address (if any): _____ Phone _____

Names and ages of other persons, including any other students, living in the home:

Name _____	Age ____	Name _____	Age ____
Name _____	Age ____	Name _____	Age ____
Name _____	Age ____	Name _____	Age ____

List primary caregiver(s)' current or recent previous employer(s), phone numbers, and monthly gross income (before deductions) from each:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List total of all child support or regular monthly income from other sources: \$ _____

Total monthly gross income \$ _____

Attach evidence of income levels: the most recent Federal tax form 1040 or wage statements if it is not available. List number of federal tax exemptions ____ or total family members if different from the number of exemptions ____.

For foundation use: Family Code _____ Income _____ Total in household _____

Student Information Sheet

Complete a separate copy of this form for each child.

This form will be reviewed by the Tuition Assistance Committee. To assure confidentiality, do not include information on this page which would identify either the child or the caregivers.

This sheet is for the student numbered _____ on page 2 of the application form.

1. School and grade in which this child is enrolled this year _____
2. Number of children (including this one) in this home enrolled in MISD schools this year _____
3. List of school activities in which this child is involved:

(Continue the list or add comments on the back of this sheet.)

4. List school activities or volunteer programs in which family members are involved this year:

(Continue the list or add comments on the back of this sheet.)
If none, would caregiver(s) be willing to volunteer in a school program if the child receives assistance? _____

5. a. Circle the relationship of the principal caregiver to the child:

Mother Father Other (specify) _____

5. b. Child lives with (please circle): Two parents Mother Father Other _____

6. Special circumstances: Explain the need for financial assistance (examples include variations in family employment, unexpected medical or other expenses, etc.; it is important to list such circumstances if there are any):

(Continue the list or add comments on the back of this sheet.)

7. Rate student's academic effort and attitude this year. Circle one: poor fair average good excellent
8. Rate student's attendance this year. Circle one: poor fair average good excellent
9. Rate student's conduct this year. Circle one: poor fair average good excellent

Some applications will not be funded, and few will be funded at 100%. All applicants must pay the initial deposit of \$50, and the amount of assistance will depend on funds available and a family's ability to pay as indicated by income and the information on this page. Please complete the following:

After paying the initial deposit, I estimate my family can pay an additional _____ per month for this child, a total of _____ for the year.

For foundation use: Child code (Family code number + letter): _____

Total income/Guideline Number _____ / _____ = % Federal P. L. _____