

SHADES LEAPS/21st Century Enrichment Program Financial Assistance Application

Please refer to instructions on back. Use Black Ink, print neatly within boxes. Complete one application per household.

1. STUDENTS IN SCHOOL

List all students attending Knox County Schools. Print neatly with black ink, name, birth date, grade, income and frequency of income (W= Weekly, E=Every Two Weeks, T=Twice a Month, M=Monthly) of EACH ENROLLED child. Check the box if the child is a foster child.

Student First Name	MI	Student Last Name	Date of Birth			Grade	Check box if foster child	Student's Income	How Often	No Income
			M	M	D	D	Y	Y		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Ethnicity

Spanish or Latino

Not Spanish or Latino

Race mark one or more (optional)

Asian

White

Black

American Indian

2. Is the child that will be participating in the SHADES Afterschool Enrichment Program eligible for Families First Childcare Certificate program? Y N

3. If yes, does the child have a current Childcare certificate? Y N

4. I am unsure about my child's eligibility to receive a Families First Childcare Certificate? Please contact me about the eligibility process. Y N

5. Household Members. Do not include students already listed above. List total gross income before taxes and deductions and how often income is received W= Weekly, E=Every Two Weeks, T=Twice a Month, M=Monthly

Print first and last name of all adults and children not listed above	No Income	Earnings from work before deductions	W E T M	Welfare Payments, Child Support, Alimony	W E T M	Pension, Retirements, Social Security	W E T M	Any other income	W E T M
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
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6. ENTER THE TOTAL HOUSEHOLD MEMBERS

7 Mailing Address Apt. #

City St Zip Phone

I certify (promise) that all information on this application is true and that all income is reported. I understand that the SHADES Enrichment program is only partially funded by a LEAPS/21st Century Grant. I understand that applying for a Families First Childcare Certificate or paying a fee based on my ability to pay is essential to continued access to and sustainability of the SHADES Afterschool Enrichment program.

8 Parent/Guardian Signature Print Name

Monthly income \$ _____ Number of Dependents _____ Scholarship % _____ DHS receipt _____
 Scholarship allocation for the year \$ _____