



APPLYING FOR FINANCIAL AID

Edina Community Education offers financial aid for qualifying families in need of assistance to pay for participation in the Middle School Morning Program. The amount of aid available is limited.

TO QUALIFY, YOU MUST BE:

- **working a minimum of 20 hours/week or attending school full-time and working a minimum of 10 hours/week**
- **meet household size and income requirements**

ELIGIBILITY GUIDELINES

- Financial aid is only available if you are working or going to school. If unemployed, financial aid is only available on a limited basis for job search activities if you write a letter explaining your situation.
- Financial Assistance is granted for a six month period.
- If you need to continue receiving assistance, you must reapply before the end of the six month period.
- Financial assistance cannot be granted retroactively.
- Please inform the Community Education Office at 952.848.3947 or ecc.kidsclub@edinaschools.org immediately of any change in your employment status, household size, or household income.

APPLICATION REQUIREMENTS - CHECK LIST

Information provided in the financial aid application will be kept confidential. In order to fairly assess a family's eligibility, all information requested below must be complete or your application will be returned unprocessed.

1. Complete the attached Application for Middle School Morning Program Financial Aid. Include all information requested.
2. Attach verification of:
 - a. Gross (before taxes) Income from ALL members of your household for TWO months (i.e. paycheck stubs, letter from employer)
 - b. Your most recent tax return (only page that states your adjusted gross income)
 - c. If you are a full-time student, attach your current class schedule which shows the hours you are in class provided by the school or training program being attended.
 - d. Alimony, child support, or any additional supporting information

Submit the application and all documentation to:

Edina Community Education
Edina Community Center
5701 Normandale Road
Edina, MN 55424
FAX: 952.848.3977

Questions? 952.848.3947

Email: ecc.kidsclub@edinaschools.org

APPLICATION FOR FINANCIAL AID: EDINA MIDDLE SCHOOL MORNING PROGRAM

PERSONAL INFORMATION					
Applicant Name					
Home Address					
City, State, Zip					
Cell/Work Phone	C: ()	W: ()	H: ()		
Email Address					
LIST ALL PERSONS LIVING IN YOUR HOME (LAST NAME, FIRST NAME)	BIRTHDATE	RELATIONSHIP	GENDER	STUDENT	MARITAL STATUS*
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

*Marital Status Codes: S=Single, M=Married, LS=Legally Separated, MS=Married, Involuntary Separated, WD=Widowed, D=Divorced

NAME OF CHILD(REN)'S OTHER PARENT, IF NOT LIVING IN THE SAME HOUSEHOLD	
Name	
Home Address	
City, State, Zip	
Cell/Work Phone	C: () W: () H: ()

STATEMENT OF INCOME

Complete the information below on income for ALL household members (including yourself) who are 14 years of age or older.

EMPLOYMENT/TRAINING	YOURSELF	SPOUSE	OTHER
Employed	Y N	Y N	Y N
Hours worked per week			
Student/Training Program	Y N	Y N	Y N
Name of School/Training Program			
Description of Degree/Area of Study			
TYPE OF MONTHLY INCOME	YOURSELF (List Amount)	SPOUSE (List Amount)	OTHER (List Amount)
Gross (before taxes) Wage/Salary If paid hourly, pay per hour			
Child Support			
Social Security			
Unemployment Insurance			
Alimony (spousal maintenance)			
Other			
TOTAL MONTHLY HOUSEHOLD INCOME			

I understand and agree to the following:

- This application is for financial aid to pay for participation in the Middle School Morning Program. If unemployed, I need to write a letter explaining the need for assistance. Aid will only be available during times I am actually performing work search tasks (i.e. interviewing).
- This subsidy is for a six month period.
- I may reapply after six months.
- I must inform the Edina Community Education office of any changes in income or number of persons in my household.
- I must attach all documentation stated in the guidelines.

I affirm that the statements I have made in this application are true and accurate.

Applicant's Signature

Date

FOR OFFICE USE ONLY

MONTHS OF COVERAGE	CO-PAY
	\$