



Fee Subsidy Program

Thank for your interest in Growth & Learning Opportunities Fee Subsidy Program. The fee subsidy program's goal is to support families in need who want their child(ren) and / or youth to participate at the school-age programs during the academic year.

Frequently Asked Questions:

If I received a fee subsidy last year, am I guaranteed for the following school year?

No. Fee subsidies are awarded on an annual basis; family must re-apply annually.

How are the fee subsidy amounts for families determined?

Subsidy amounts are determined through a document (wage statement, W-2 or Income Tax forms) review process, family size, and based on the available funds at each school-age program.

How much financial assistance should I expect from Growth & Learning Opportunities?

Fee subsidy awards are generally between 20% - 75% of the monthly payment.

Fee Subsidies do not cover or include:

- One –time Enrollment Fees
- Holiday Programs (Winter Break, Veterans Day, Columbus/El Dia de La Raza, etc.)
- School District Professional Development Day

Additional Procedural and Policy Information:

A family receiving a fee subsidy from Growth & Learning Opportunities receives the same treatment as any other family enrolled. All information is confidential and cannot be released without written permission. Information pertaining to eligibility is subject to review by the Executive Director, site Director, Executive Board of Directors and any government agency or foundation providing financial monies at Growth & Learning Opportunities Fee Subsidy Program. All of the information provided to Growth & Learning Opportunities by a family and any supporting information must be true and correct.

Failure to maintain your child's account in a timely manner may result in termination of Program services and fee subsidy. Families receiving a fee subsidy must also adhere to the policies and procedures set forth by Growth & Learning Opportunities. If financial or family information changes during the course of the year, the family must provide Growth & Learning Opportunities with complete updated information in writing within ten (10) days of the change.



Fee Subsidy Application

Child's name			
Last Name		First Name	
Address			Age
Current Grade			
City, State, Zip Code			
Site Attending:		Session Enrolled:	
Parent or Guardian One Name:		Home Telephone	Work Telephone
Last Name First Name			
Parent or Guardian Two Name:		Home Telephone	Work Telephone
Last Name First Name			
Total Family Size: Total Number Living in Household _____ ____ Number of Parents/Guardians ____ Number of Children ____ Number of Other Family Members Please list below all household members related by blood, marriage or adoption to the child.			
Last Name		First Name	Relationship
Last Name		First Name	Relationship
Last Name		First Name	Relationship

SECTION TWO: VERIFICATION OF FAMILY INCOME AND SIZE

Gross Monthly Income From All Sources: (please Attach Verification)		Does Your Family Receive:	
		___ Food Stamps	___ Unemployment Benefits
		___ TANF	___ Disability Benefit
Please State the Amount of Tuition You Can Afford Monthly: (Growth & Learning Opportunities Does not Award Full-Fee Subsidies-Maximum Award 75%)			
For Statistical Purposes Please Check One:			
___ African American	___ Native American	___ Asian	___ Pacific Islander
___ Hispanic	___ White	___ Other, Please Specify _____	

I affirm to the best of my knowledge and I believe the statements included on this document are true and correct. I will notify Growth & Learning Opportunities within ten (10) days of any change in income, family size, or eligibility status. I understand information pertaining to my eligibility is subject to review by the Executive Director, Site Director, Executive Board of Directors and any government agency or foundation providing financial monies at Growth & Learning Opportunities Fee Subsidy Program.

Parent or Guardian Signature	Relationship to Child	Date
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For Office Use Only	
Date: _____	Sibling: _____
Date Received: _____	Fee Subsidy: _____ % Awarded _____ Denied
Verification: _____	Fee Subsidy Amount: _____
Comments: _____	Initialed: _____ Date: _____
	Letter Sent: _____
	Database Updated: _____

SECTION THREE: VERIFICATION OF ELIGIBILITY STATUS

Parent or Guardian One Employed _____ Yes _____ No	
Current Employer:	_____ Full Time
Address:	_____ Part-Time
	(if part-time, Please list days and hours per week)
Parent or Guardian One Unemployed ____ Yes ____ No	Parent or Guardian One in school or training program ____ Yes ____ No
Are you receiving Unemployment Benefits ____ Yes ____ No	Please attach official class schedule or letter of admission stating the name of school or organization where schooling or training is received. Please include the dates of current training.
Parent or Guardian One receiving Disability Benefits ____ Yes ____ No	Parent or Guardian One enroll in a substance abuse treatment program ____ Yes ____ No
Parent or Guardian One receiving Assistance ____ Yes ____ No	Parent or guardian One Homeless Within the Past 24 Months ____ Yes ____ No
VERIFICATION OF INCOME: Please include verification of income from all sources. Payroll check stubs, Income and Tax Forms are acceptable	VERIFICATION: Please attach any verification, such as Notice of Action, treatment program admission, or written referral from an emergency shelter, or other legal, medical, or social service agency.

Parent or Guardian Two Employed _____ Yes _____ No	
Current Employer:	_____ Full Time
Address:	_____ Part-Time
	(if part-time, Please list days and hours per week)
Parent or Guardian Two Unemployed ____ Yes ____ No	Parent or Guardian Two in school or training program ____ Yes ____ No
Are you receiving Unemployment Benefits ____ Yes ____ No	Please attach official class schedule or letter of admission stating the name of school or organization where schooling or training is received. Please include the dates of current training.
Parent or Guardian Two receiving Disability Benefits ____ Yes ____ No	Parent or Guardian Two enroll in a substance abuse treatment program ____ Yes ____ No
Parent or Guardian Two receiving Assistance ____ Yes ____ No	Parent or guardian Two Homeless Within the Past 24 Months ____ Yes ____ No
VERIFICATION OF INCOME: Please include verification of income from all sources. Payroll check stubs, Income and Tax Forms are acceptable	VERIFICATION: Please attach any verification, such as Notice of Action, treatment program admission, or written referral from an emergency shelter, or other legal, medical, or social service agency.